
JULY 1938
R.N.
A JOURNAL FOR NURSES

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MENSTRUAL TAMPONS

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1. **Permit absorption of menstrual discharge at cervix uteri.**
2. **Eliminate prospect of irritation.**
3. **Minimize subjection to odorous decomposition products.**
4. **Reduce danger of infection of perineal origin.**
5. **Relieve psychological hazard.**
6. **Provide sanitary protection in its most convenient, comfortable and hygienic form.**

The Modern Method
FOR MENSTRUAL HYGIENE

CHAPTER I

TAMPAX

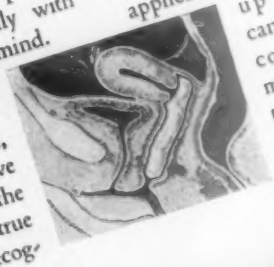
Permits Absorption of Menstrual Discharge at Cervix Uteri . . .

IT IS EASY to understand the primitive failure to differentiate between uterine and vaginal function, and the tendency to consider the menstrual flow a product of the genital tract as a whole.

Even in later years, although menstruation has long been recognized as fundamentally a uterine phenomenon, the lack of adequate means has prevented the employment of sanitary protection designed specifically with that physiologic fact in mind.

Tampax menstrual tampons were designed by a physician, with an authoritative understanding of the requirements of true hygiene. They recognize the menstrual flow as of uterine origin, and permit its absorption at the point of discharge —i.e., at the cervix uteri—before exposure to the outside air has had a chance to provoke the odorous decomposition of blood elements.

For normal women, this *modern* method is convenient, safe and effective. Made of long-fibre surgical cotton so stitched that it cannot disintegrate, each Tampax is provided with its own applicator for easy insertion well up in the vaginal canal, and its own cord for gentle removal. Both applicator and used Tampax may be readily disposed of.



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A JOURNAL RN FOR NURSES

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Debits and credits

"20-HOURS" MISNAMED

Dear Editor:

Many thanks for my copies of *R.N.* In "Calling All Nurses" I was pleased to read a note from a classmate in Madison, Wisconsin.

I have always done private duty, mostly in private homes. For many years we nurses were sent on 24-hour duty calls at so much per week. It was expected that we get a fair amount of sleep and at least two hours for rest.

Now I feel that the registries are making a mistake when they tell the public they will send a 20-hour nurse. With certain types of people, we are expected to put in twenty hours of nursing and get our sleep and rest in the remaining four hours of the day. These people show us as little mercy as if we were machines. Registries should be more explicit when assigning nurses to the public.

R.N.
Chicago, Ill.

NEUTRALITY

Dear Editor:

Thank you for sending *R.N.* to me. This is the second issue I've received, and I enjoy it very much.

I did not see the article on socialized medicine, but found the comments in "Debits and Credits" very interesting. My opinion is that nurses would be wise to keep out of the controversy.

I note that "M.S." believed we should fight for private medicine, but I should like to remind her that no matter how doctors are compensated, patients will still require nursing care. And I haven't noticed many doctors fighting for the registered nurse.

In Kern County, California, the doctors were trying to prevent the Kern General Hospital from accepting pay patients; and they tried to enlist the support of registered nurses in fighting socialized medicine. Yet, virtually all these doctors employ practical nurses in their offices. Naturally, if the doctor is content with untrained help, he can't expect his patients to insist on a registered nurse.

Arguments on socialized medicine will tend to cause dissension in nursing organizations, so let's mind our own business—diligently.

R.N.
Venice, Cal.

NOT SO STRANGE

Dear Editor:

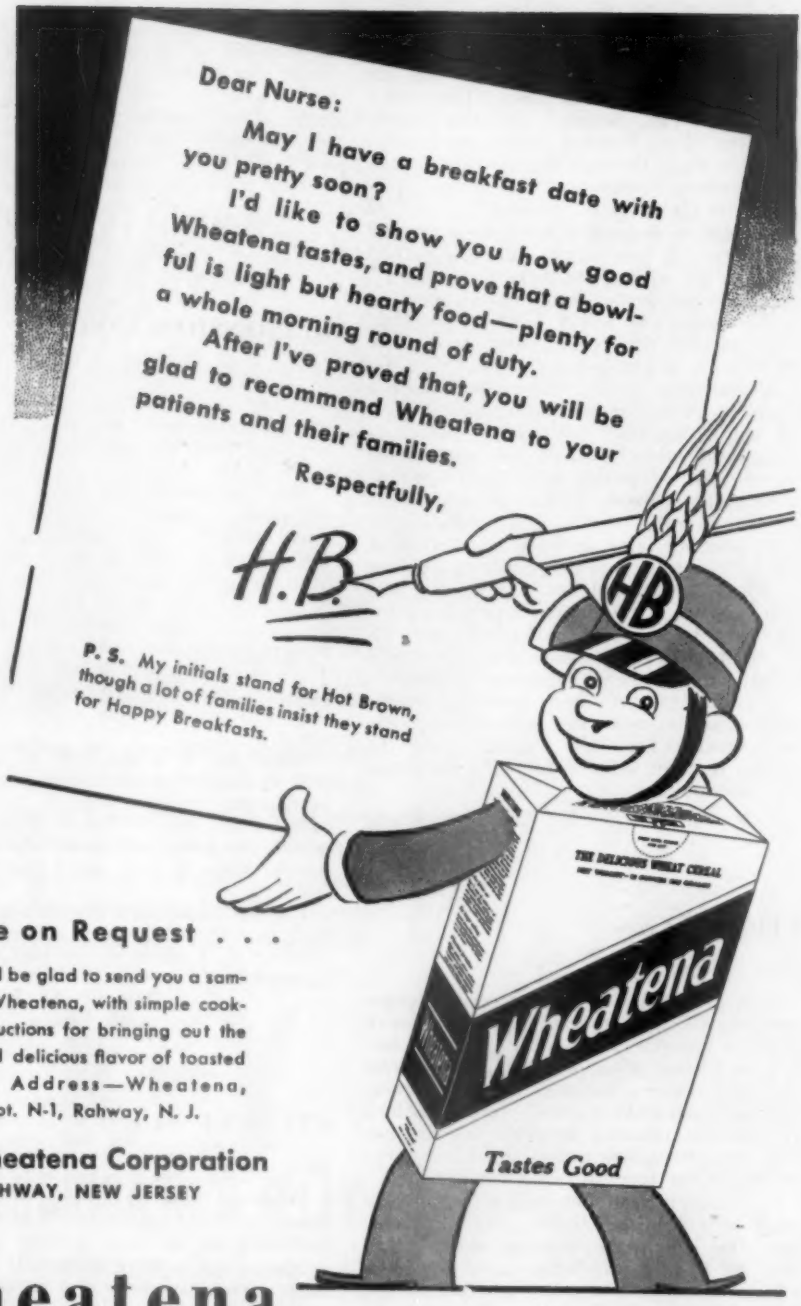
I certainly cannot agree with the article, "Such Strange Things Happen," by Roxann.

I associate that outlook with my student days, when my brain and body were overexhausted by training school routine. Not that the patients were unreasonable; but the hospital was not thoughtful enough to arrange less heavy work on the floors, more recreation, better educational facilities. I believe such articles as Roxann's tend to mislead both nurses and laity. Nurses are inclined to believe there is an impassable barrier between themselves and patients—and the laity are led to agree with that notion.

I once knew a woman whose understanding of the child mind was extraordinary. She taught me more than I had ever learned in a hospital about supposedly "bad" children and allegedly "queer" people. From her I learned to base all deviations from normal conduct on one premise: the person was attempting to over-compensate for lack of some satisfaction.

She showed me how it worked. On her mantle was a stuffed pheasant with glorious plumage. Children always begged to touch it. To every child, even the toddlers, she gave the satisfaction of holding the bird for several minutes. Then she took it away, explaining that it had to be kept up high, safe from harm. I was surprised to find that small children, when treated as reasonable people, were very responsive.

In hospitals I have been criticized by my co-workers because "when *you* get through



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with a patient, no one can please her." Translated, this means that besides bathing, I wash their dentures or even make up their faces, and perform about fifteen minutes of "extras" before I call the patient "done up." In a hospital where one is supposed to rush through six private rooms as if getting horses out for a fire, this activity is classified as "fussing."

I refuse to become a work-weary robot who hates all sick people, all mischievous children, all wistful old folks for their attempts to get some small satisfaction out of this tough old world. Let the hospitals make up the difference—hire more help, install new work-saving devices. And let us nurses rest firmly on our professional status as *skilled* workers in hospitals...

I think Roxann's attitude is based on miscomprehension. Patients are not strange —they are just people who happen not to agree with all nurses. Nurses are not robots who think that a stuffed doll would be the ideal patient. They are just over-worked, under-privileged humans carrying a load of frustration complexes which now and then crop up in resentment and impatience.

Let us be sensible and admit that the whole problem is economic. Patients worry mainly about their expenses; therefore, they want to get their money's worth. Nurses are over-worked and often poorly maintained in hospitals. I think easing the tension on both sides would help the situation tremendously...

R.N., Aberdeen, Wash.

ETIQUETTE

Dear Editor:

R.N., which I have been receiving regularly since its publication, has been a source of great enjoyment and information to me.

Now I want to appeal to your editorial staff and readers, because of your progressive open-mindedness, to correct a nationally-known authority on etiquette who not long ago relegated members of our profession to the level of houseworkers.

In a widely-read newspaper, recently, a letter was published in this woman's column, in which the inquirer stated that she was ill and was being cared for by a registered nurse. She asked whether or not it was proper to introduce the nurse to her friends. The columnist's reply was brief: "Would you introduce your maid?"

This writer should be informed that ours is a dignified profession requiring considerable schooling and intelligence. I realize that many lay people are still undecided about the status of a nurse. But it seems to me that an educated person who has such a widespread influence among the reading public should make it a point to acquaint herself more fully with nursing and its present day standards.

Mary Cuppy, R.N.
Fort Sill, Okla.

DEPRESSION RESULT

Dear Editor:

Please accept my thanks for *R.N.* My friends agree with me that it is a most complete journal, coming to the point in a few words.

Many of your readers have written about the public's tendency to employ practical nurses. We have the same problem here in Iowa. But, as I see it, people have been so hard hit by the depression (having all they can do to hang on to their property and provide for their families) that they just haven't the means to pay a registered nurse. They do not expect a nurse to work for nothing; and so, if they need nursing care, they will hire the less expensive practical nurse.

Some feel it is the fault of the doctors that registered nurses are not so much in demand. Perhaps that is true in some cases; but I believe that most people really prefer the best, and would choose a registered nurse if they could possibly afford one.

I found Genevieve Brown's article, "On Call in Labrador," very interesting. After reading it, I thought we had nothing to complain of!

Malvina H. Biever, R.N.
Alton, Iowa

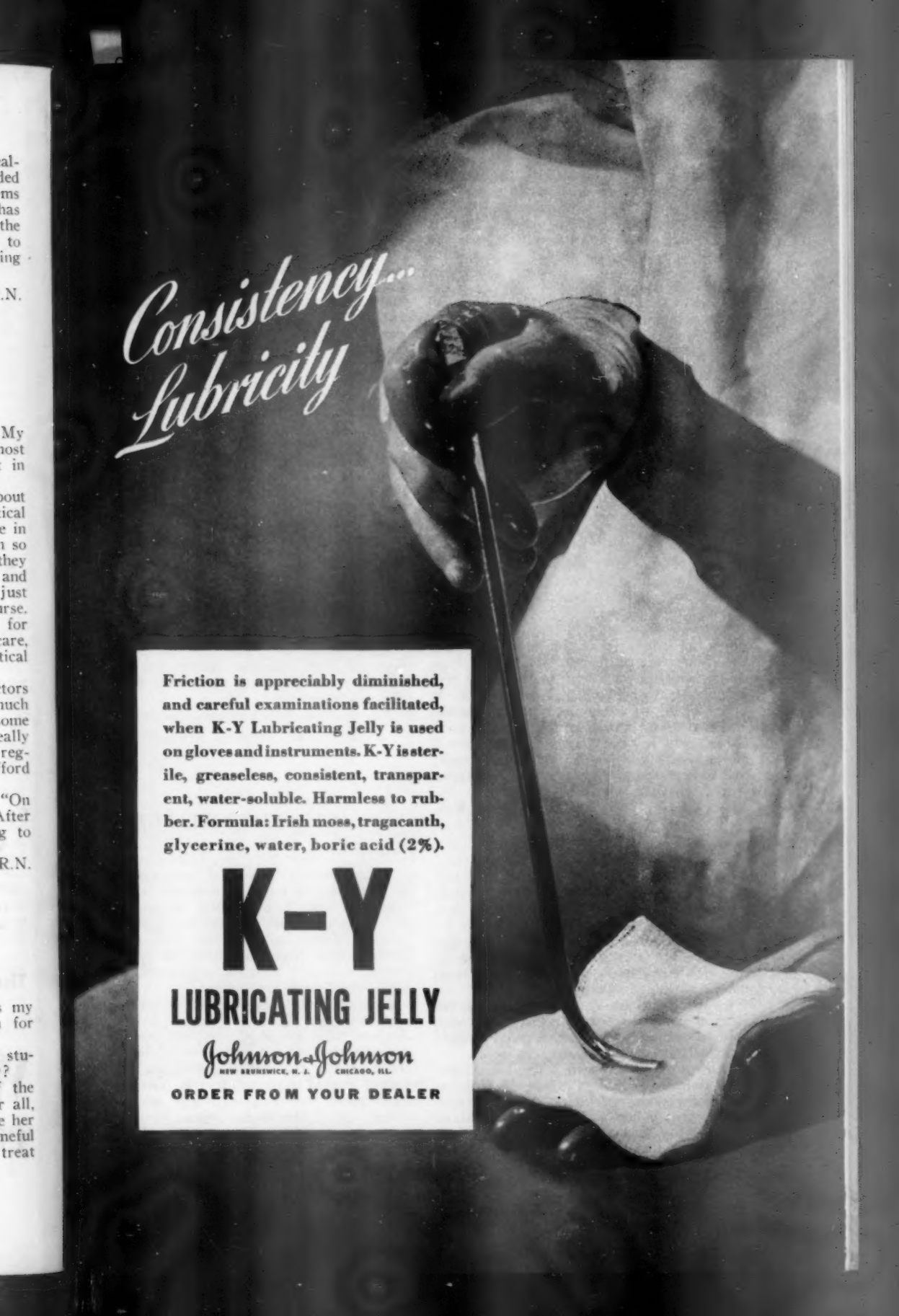
STUDENT NURSES

Dear Editor:

Whoever first thought of *R.N.* has my heartiest congratulations. Thank you for including me on your mailing list.

May I say a word on behalf of the student nurse—especially the probationer?

You may think this is getting off the subject of registered nurses; but after all, everyone in the profession had to make her start as a probationer. It's really shameful the way some of the older nurses treat


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"probes." I'm not objecting to the unpleasant work we all had to begin with; but there are many times when a smile or a kind word of encouragement from an established nurse would make scrubbing easier and other duties less tiresome. We can be considerate of these students without going out of our way or losing the lignity of our position.

I truly think there would be more and better registered nurses and fewer quitters if we were kinder to student nurses. Even the best of us get weak knees when the going gets too rough!

R.N., Cosmopolis, Wash.

CASE HISTORY

Dear Editor:

R.N. is the most interesting magazine I've seen in some time. I especially enjoy "Debits and Credits."

I'd like to relate a little personal experience to bear out "A.C.'s" criticism of nurses wearing uniforms in public.

Not long ago, while I was on a case, I went into town in uniform. As I walked down the street, a girl stopped me and said, "Say, aren't you pretty late. What time do you go to work?" Not knowing the girl, I looked rather blank and didn't reply at once. Then she introduced herself, saying she was the waitress at the Town Cafe. "Don't you work at the B-Z Restaurant?" she asked. I said "No!" very emphatically and have not appeared in public in uniform since.

C. M. Burket, R.N.
Capron, Okla.

AMATEURS

Dear Editor:

I have received every issue of *R.N.*, and must say it is a wonderful magazine. It provides a grand way for nurses to unload their reactions and ideas.

In my position as registrar of the 9th District of Registered Nurses, I am well able to see and realize the trend toward practical nursing.

During the year in which I've been registrar, literally dozens of women have come into the registry seeking work as practical nurses. When I question them about their ability, I learn that many of them have never had even one day's experience in caring for the sick. Perhaps they have seen some relative's or neighbor's baby make its appearance into the world, and thus think they know all about obstetrics. They therefore desire to go on the registry to take "baby cases." Ye gods!

When I explain to them it would be impossible to register them under such circumstances, believe it or not, they go to some of our doctors and are placed on *their* lists as practical nurses and given work—at their own price, too. They charge anywhere from $15.00 a week, to $25.00. These women know absolutely nothing about the very simplest kind of bedside care.

I think any one who makes an attempt to care for any kind of illness, no matter how simple the illness may seem, should be compelled by law to pass an examination and meet a required standard for such work before receiving a license. Moreover, I think that anyone who attempts to practice in any capacity without a license should be fined. This would eliminate all the undermining of our splendid profession.

I understand that in certain sections of the country courses of six weeks or slightly longer are being given for the purpose of preparing practical nurses. Why not fine those responsible for this situation?

Let's make the public see the seriousness of this situation before too much damage is done and too many lives are lost through ignorance.

Let us fight until this thing is put down.

Melvina Ritchison, R.N.
Council Bluffs, Iowa

NEW ZEALAND EXCHANGE

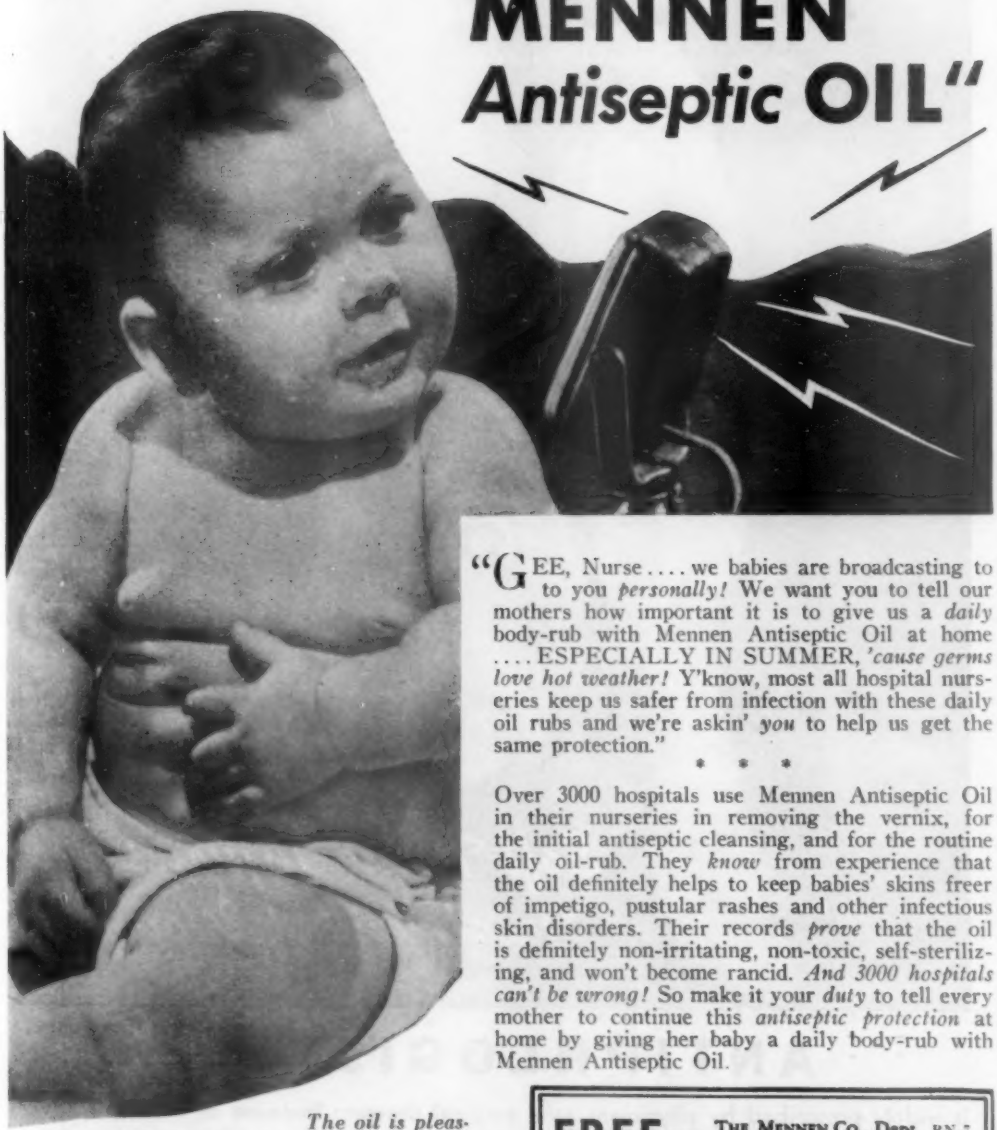
Dear Editor:

I have in hand a copy of your magazine in which I find much of interest. It is my desire to visit your country in my quest for knowledge and I wondered if your journal could help me in this matter. Would some American nurse care to exchange positions with me, and would your publication print my request?

I am a New Zealander with general and maternity certificates obtained in New Zealand. I have also my eye, ear, nose and throat certificate which I received in Australia during two years of nursing there. I shall be glad to furnish further particulars on request.

Muriel E. Voyce
Mater Misericordia Hospital
Auckland, New Zealand

"CALLING ALL NURSES!
to tell all Mummies about
MENNEN
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"GEE, Nurse.... we babies are broadcasting to to you *personally!* We want you to tell our mothers how important it is to give us a *daily* body-rub with Mennen Antiseptic Oil at home .... ESPECIALLY IN SUMMER, *'cause germs love hot weather!* Y'know, most all hospital nurseries keep us safer from infection with these daily oil rubs and we're askin' *you* to help us get the same protection."

* * *

Over 3000 hospitals use Mennen Antiseptic Oil in their nurseries in removing the vernix, for the initial antiseptic cleansing, and for the routine daily oil-rub. They *know* from experience that the oil definitely helps to keep babies' skins freer of impetigo, pustular rashes and other infectious skin disorders. Their records *prove* that the oil is definitely non-irritating, non-toxic, self-sterilizing, and won't become rancid. *And 3000 hospitals can't be wrong!* So make it your *duty* to tell every mother to continue this *antiseptic protection* at home by giving her baby a daily body-rub with Mennen Antiseptic Oil.

The oil is pleasant to use, does not soil linen, washes out easily, leaves no greasy residue.

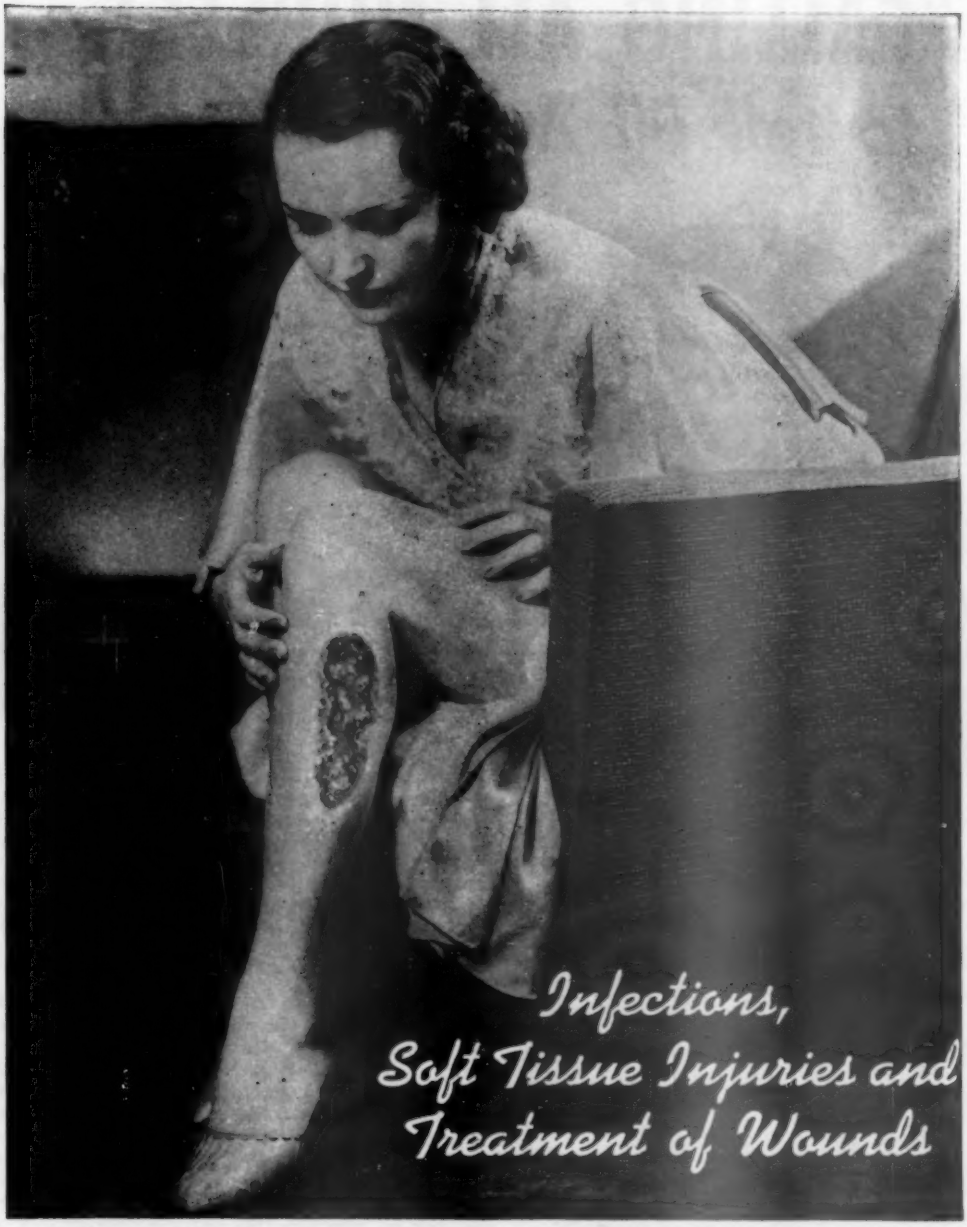
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ANTIPHLOGISTINE

is widely prescribed by physicians as a surgical dressing because of its many advantages: It is antiseptic; its application and removal are not painful; it is an aid to early healing. And, incidentally, it is fast becoming a favorite with the nursing profession as a first-aid dressing to have always on hand for use in emergencies.

THE DENVER CHEMICAL MFG. CO., 163 VARICK ST., NEW YORK

An important new feature

• Each month, beginning with this issue (p. 10), the editors of *R.N.* will present a concise review of one of the major diseases in which nursing care plays a leading role. These articles will crystallize in succinct, readable form the etiology of each disease, its normal and pathologic physiology, the present status of therapy, and the elements of nursing care required.

For the experienced nurse, each instalment will provide a welcome review of essential facts; for the beginner, a coordinated guide to the knowledge so far obtained; and, for both, a means of marshaling quickly the fundamentals of nursing procedure.

Preparation of this series is in the hands of nurses and physicians of eminent standing—most of them members of *R.N.*'s editorial and consultant staffs.

The authors will welcome your correspondence regarding the articles. Write to them freely for information about those diseases in which you have a particular interest. Your letters will be answered promptly and in detail, carrying out the spirit of friendly helpfulness for which *R.N.* is striving.

Quick Facts About DIABETES

A CONCISE REVIEW OF CURRENT THERAPY AND NURSING CARE*

What is diabetes mellitus?—Briefly, it is a disturbance of carbohydrate metabolism resulting from an inadequate supply of insulin. It may also be caused, some investigators believe, by dysfunction of the liver and of the anterior lobe of the pituitary gland.

Incidence.—About 1% of our population is afflicted with diabetes mellitus. The disease respects no age; it attacks every age group, including children, although it is more prevalent in the aged. Some authorities claim to have detected an hereditary tendency, since not infrequently diabetes appears in more than one member of a family and in successive generations.

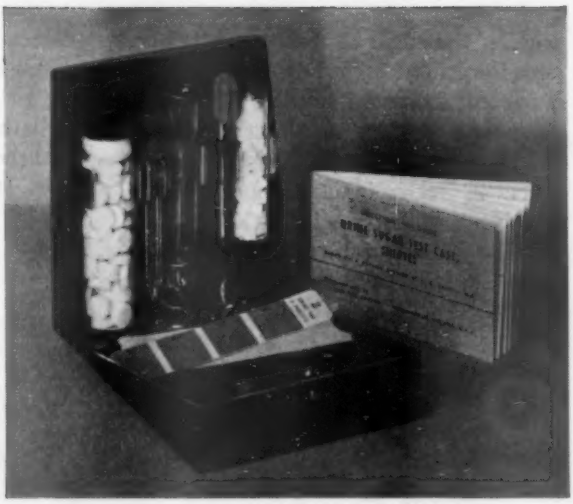
Physiologic factors.—In the absence of insulin, metabolism of sugar is impossible. The individual cells of the body are unable to utilize dextrose, and the blood sugar rises to abnormal values. When the concentration exceeds 160 mg. per 100 cc., sugar usually appears in the urine. Normally the urine is sugar-free because the kidneys do not permit dextrose to pass through when the blood sugar is not excessively high. The so-called renal threshold is that value above which sugar is excreted; it is about 160 mg. to 180 mg. per 100 cc. of blood.

The loss of dextrose leads to excretion of large amounts of urine, which in turn produces abnormal thirst. The symptoms of polyuria and polydipsia are among the first to appear in diabetes mellitus, and may become severe and annoying.

Because the sugar derived from the ingested food is excreted instead of being utilized in the metabolic process, weight is lost rapidly. As the organism thus is denied its needs, appetite increases abnormally. In consequence, directly due to faulty carbohydrate metabolism, the cardinal symptoms of diabetes mellitus develop: polyphagia (excessive appetite), polydipsia (excessive thirst), polyuria (excessive urination), and loss of weight. If permitted to continue without attention, diabetes mellitus may lead to several serious and life-threatening sequelae: diabetic acidosis, severe sepsis, premature arteriosclerosis, diabetic neuritis, and spinal cord changes similar to those seen in tabes dorsalis.

Means of detection.—Diabetes mellitus is usually discovered by the presence of sugar in the urine. The various tests used to detect sugar are relatively simple and easily performed; they should be learned thoroughly by every nurse. Either Haines' solution

*This is the first of a series of articles on frequently encountered diseases. Inquiries from readers will be answered promptly by the medical and nursing members of the *R.N.* staff who have prepared these articles.



Right: With this ingenious, self-contained kit, the diabetic may test his urine at any time. Below: Unlike regular insulin, protamine zinc insulin must be shaken thoroughly to insure the proper solution for each dosage.







Diet charts encourage the diabetic to adhere to the specified diet. Rigid aseptic technique in the administration of insulin protects him from infections and abscesses.

or Benedict's qualitative reagent is most frequently employed.

About 10 cc. of the test solution are poured into a test tube and brought to the boiling point. Eight drops of the urine to be examined are mixed with the boiling solution, which is kept at the boiling point for a minute or two longer, and then quickly cooled. The blue solution turns green or yellow-

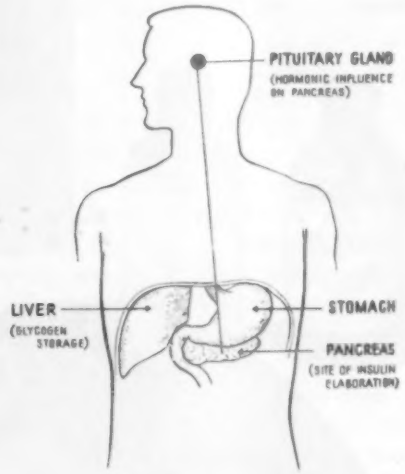
green it the sugar concentration is low, and to yellow or yellow-red if sugar is present in large quantity.

The detection of both acetone and diacetic acid in the urine is of importance in recognizing precoma states and frank diabetic acidosis. Most hospitals and laboratories employ the Lange test for acetone, performed as follows: 5 cc. of urine are acidified with 5 to 10 drops of glacial acetic acid; a crystal of sodium nitroprusside (or a few drops of a freshly prepared aqueous solution) is added. After gentle shaking, the mixture is overlaid with a concentrated solution of ammonium hydroxide. If acetone is present, a purple ring forms at the lower surface of the ammonium hydroxide layer.

To detect diacetic acid, several drops of 10% ferric chloride solution are added to 10 cc. of urine. If a precipitate forms, the solution is filtered and more ferric chloride is added. The formation of a Bordeaux-red color indicates the presence of diacetic acid.

Control through diet.—Since in diabetes mellitus the patient is unable to utilize the normally consumed quantities of carbohydrate-yielding foods, it is necessary to adjust the diet to contain only that amount of carbohydrate which can be handled by the organism without the production of glycosuria. If this amount satisfies the caloric requirements, mere restriction of the diet is sufficient to keep the urine sugar-free and to provide sufficient fuel for energy needs. If this amount of food proves insufficient, it then becomes necessary to administer insulin by injection, as the patient's own elaboration of the hormone is insufficient to permit an adequate diet without producing glycosuria.

When the attending physician calculates the correct diet, it becomes the duty of the nurse or the dietitian to translate the instructions into terms of three balanced, palatable daily meals. It is obvious that such dietary



Elements involved in diabetes mellitus. A hormone elaborated by the pituitary gland is believed to control the action of the pancreas.

planning must take several factors into consideration. If the patient is a voracious eater, ample bulk must be provided to satisfy hunger. Eating habits must be carefully studied, especially with reference to peculiar food likes and dislikes. The age of the diabetic is of importance, because children are given foods different from those given adults. In a large measure the successful management of diabetes depends upon the ingenuity of the nurse in the organization of the meals.

Education of the patient in the fundamentals of dietetics, a task that usually falls to the lot of the nurse, is of utmost importance. With the aid of diet charts and intelligent coaching,

the patient can usually be made to understand what is needed, and is thus enabled to vary his menu from day to day within the limits of the prescribed diet.

Insulin therapy.—If the calculated maintenance diet cannot be metabolized properly by the diabetic—that is, if sugar appears in the urine—insulin must be supplied by injection. The dosage and the frequency of administration, like the diet, are determined to some extent by trial and error.

Insulin is usually administered in divided doses, two or three times daily, 15 to 30 minutes before meals. In severe diabetes a night injection is not infrequently required. It is advisable to ask the attending physician exactly when he wants the insulin administered, because at times it is more advantageous to give the injection after the meal instead of before.

Administration.—Every nurse should be well versed in the fundamentals of insulin administration. Rigid aseptic technique is essential; the needle and syringe, and the injection site, must be thoroughly sterilized before administration is undertaken. It is important to keep in mind that diabetics are prone to develop pyogenic infections, a point to be emphasized when instructing patients in self-administration.

Insulin reactions.—It is the responsibility of the nurse to be familiar with the symptoms of hypoglycemia, and to be able to recognize the early signs of this not infrequent complication. Insulin reactions usually develop 2 to 4 hours after the last injection. The patient suddenly becomes weak, perspires profusely, trembles, manifests anxiety, and becomes excessively hungry and thirsty. The pulse is fast and thready. If the condition is permitted to continue, aphasia, convulsions, and coma develop. Hypoglycemic reactions occur when the blood sugar falls below 70 mg. per 100 cc.

Prompt attention needed.—Prompt treatment terminates the attack instantly and dramatically. Orange juice or karo syrup given orally, or dextrose intravenously, raises the blood sugar and quickly restores the patient. Epinephrine (15 minims) administered intramuscularly produces the same results.

The patient must be thoroughly acquainted with the symptoms of hypoglycemia. He should be told to be always on the alert; that hypoglycemic reactions occur from 2 to 4 hours after the insulin injection, especially if any part of a meal has been omitted. Candy or sugar should be carried on the person at all times, and should be eaten promptly if restlessness or trembling is experienced. Immediate recognition of these premonitory symptoms and prompt eating of sugar in some form usually prevent serious sequelae.

Protamine zinc insulin.—Insulin, notwithstanding its indispensability in the treatment of diabetes mellitus, is not unattended by objectionable features. Its action is short-lived; even frequent administration fails to provide the constant, blood-sugar lowering influence needed, thus resulting in successive elevation and depression of the blood sugar. The intensive research prompted by these shortcomings of regular insulin led to one of the most significant contributions to diabetic therapy, the development of protamine zinc insulin, re-

[*Continued on page* 38]



Breckinridge, Black Star

★ ***Public health nursing is both vivid and varied. Here in the course of duty, a frontier nurse crosses a swinging bridge, high over the Kentucky River. ¶As instructor of nursing education at New York University, the author of this article is an authority on the public health field. She cites the opportunities it offers.***

WANTED:

42,000

public health nurses

By RUTH FREEMAN, R.N.

• Some 42,000 additional public health nurses are needed to fulfill the national ideal of one public health nurse to every 2,000 persons.

The figure is staggering. Yet it only begins to dramatize the unlimited opportunities available to nurses who can qualify for careers in public health nursing.

What are the qualifications?

You must be a graduate registered nurse, radiantly healthy, and fired with interest in the welfare of mankind. You must be willing to go to college and to round out your nursing education with the particular knowledge essential to public health work.

This may mean postgraduate work in a hospital—special practice, for instance, in maternity or communicable disease nursing—to prepare yourself for a specific line of study in a college offering accredited courses in public health nursing. A complete list of courses open throughout the country has been compiled and is available from the National Organization for Public Health Nursing, 50 West 50th Street, New York City. Such courses vary in length from nine months to four years. The length of your study period will be determined by the type of position to which you aspire.

Most administrative posts in public health require four years of college and a Bachelor of Science degree. If the cost of financing this long study period seems prohibitive, there are scholarships and loan funds which will lessen the financial burden considerably.

A word here on the necessity for this additional professional education:

The scope of public health nursing is changing. The school nurse today is *teaching* as well as guarding health; the registered nurse who once met first-aid requirements and other incidentals at a college may now function as a health counselor. The nurse in industry is expected to show results in terms of increased production, and she often serves on committees which have a share in management. These and many other examples of increasing responsibility argue convincingly for special preparation.

Now let's assume that you have invested time and money in acquiring needed qualifications. What opportunities await you?

U. S. Surgeon General Thomas Parran, Jr., reported recently that 17,615 public health nurses are employed throughout the country; that at least 42,000 more are needed. Where? By whom? The answers lie in counties, small and large communities, private organizations, and agencies of the federal government.

At a meeting of the State Charities Aid Association in New York City a short while ago, Dr. Edward S. Godfrey, Jr., New York State Health Commissioner, stressed the need existing in New York alone. "We must stop thinking of one or two nurses to a county," he said, "especially where the county has a population of more than 20,000 persons." New York, he pointed out, does not yet have one public health nurse to every 5,000 persons—the absolute minimum coverage for proper health protection and education.

In sharp contrast are counties in sparsely settled regions—the Kentucky mountains, for instance. There, nurses on horseback have learned midwifery as well as nursing. In many rural districts little or no actual bedside nursing can be carried on. Patients are too widely separated. But instructions and advice are given; tuberculosis cases are sought out; children are referred to hospitals for remedial work; expectant mothers are counseled, midwives supervised. A battalion of true nursing pioneers must be enlisted for this work.

"Say ahhh!" Day nursery tots line up for the nurse's weekly health audit.

Acme



In many a small town, the public health nurse works alone. Usually, she must combine bedside nursing with teaching. Here the nurse blessed with a good disposition and background will find both an opportunity and challenge. She must work among neighbors who know and freely discuss each other's affairs, and with doctors who are more or less friendly rivals. The nurse must please them all equally well.

In larger communities, various agencies—the department of education, the health department, or visiting nurse association—may each employ nurses for different types of work: e.g., school nurses, nurses to keep office hours and assist at clinics, nurses to visit patients in their homes and give instructive bedside care.

And now, what about private organizations?

Many different types of organizations employ public health nurses. Visiting nurses, for example, may be employed by community associations comprised of public-spirited citizens. Funds are raised by membership dues, benefits, community chest donations, and fees paid by some patients according to their ability. These nurses may carry on a generalized program, or they may be engaged for some special project such as child welfare or tuberculosis.

Tuberculosis associations still finance much public health nursing in rural areas. To them must be credited remarkable advances made in the betterment of rural health conditions.

The American Red Cross employs public health nurses for community

service and as teachers of home nursing.

A number of life insurance companies furnish bedside nursing care to thousands of policyholders. For this service, they engage hundreds of well-qualified public health nurses and many supervisors. The salaries paid by these companies are liberal and increase with length of service. Other attractions are opportunity for travel, life insurance at low cost, pensions, and health supervision.

Many privately financed, nationally-known associations offer specialized or varied programs of great interest to the public health nurse. Examples are the Maternity Center Association and the Association for Improving the Condition of the Poor. While the A.I.C.P.. offers only a local service, the Maternity Center Association is a national agency; and there are numerous others with headquarters throughout the country.

Private physicians, too, are awakening to the advantages of having public health nurses as co-workers in their offices.

Colleges, universities and private schools, call more and more for public health nurses with B.S. degrees. They're needed as teachers.

Industry is finding it increasingly worthwhile to safeguard the worker's health. As a result, industrial nursing is a wide open field for nurses with a public health background.

Although private organizations deserve much credit for blazing the trail for public health training, they by no means subsidize all this work.

Cities, counties, states, and the federal government all use public funds to protect the taxpayer's health. Work under official agencies is expanding



Black Star

Friends, not just patients, reward the efforts of the visiting nurse.

rapidly now, partly due to federal grants to state health departments. Government is assuming increased responsibility for the health of its citizens. This fact, quite naturally, is hastening the demand for well-qualified public health nurses.

Anticipating the demand, the national Social Security Act provides for the education of public health nursing candidates. During 1937, state departments of health throughout the country selected 995 nurses for these Social Security stipends. Preference is usually given to those who have demonstrated their interest and aptitude for the work and who have had experience in public health nursing.

Applications for stipends should be made to the Department of Health, or to the Department of Public Health Nursing, in the state in which you live. The amount of the stipend varies with local living conditions and costs. In

[*Continued on page* 44]



" . . . wails and the sound of things falling summoned me to help a doctor subdue the neighborhood bully."

By ROXANN

"And how are things at

• So a clinic job is a "break," eh? No beds to make, no trays to tote, no patients playing with the service-button.

Well, sisters, it depends. . . .

As for me, I'd gladly exchange any three clinic patients for a ward full of T. B.s.

Every morning, for instance, before I've even looked the day in the eye, Earlybird, Esq. darts into the clinic and begins twittering the old, familiar song.

"Gotta see the doc right away," he chirps. " 'S important. If I hafta wait, I'll be late for my job."

Restraining an impulse to sprinkle salt on his feathers and make him stop hopping, I listen patiently instead. He's not so sick now, he confesses, but oh! how he'll suffer if he doesn't get immediate attention. He couldn't sleep a wink last night, he explains; and he's practically dead on his feet right now.

If you think *he's* a pushover, you don't know your clinics. No matter how wobbly patients insist they are, they can always hang on grimly to my arm, turning my sleeve gray and my hair white as I try to escape.

Soon as numbers are given out for examination and treatment, I feel like



"Patients to the right of me; patients to the left of me—all of them thundering..."

a mob-scene extra. Patients to the right of me; patients to the left of me—all of them thundering to know why I skipped them when they have the first number. What number? Number one, of course. Has the clerk gone haywire, I ask myself madly, and handed everyone the same number?

My head spins; little slips of paper float before my eyes. Wondering just how wacky I am, I grab a few slips and look at them. Each of them flaunts the number "1," all right. But it's flanked left or right with any digit from 2 to 9. Strangely, I seem to be

the clinic?"

the only one who notices that!

One day a new nurse tried to tell each clinic patient why he hadn't been called. By nightfall, she was still talking—to herself—in a psycho ward where they'd gently led her.

I've a system, though. Feigning composure, I smilingly tell them all to sit down and wait until their numbers are called. Then I make myself oh-so-busy. This works like a charm for a while. I seem too busy to interrupt, and there's no one else to complain to. But it can't last forever.

The other morning, for instance, while safe in my little alcove, I glimpsed the belligerent Mrs. Crossmug, with her arms folded assertively across her bosom. The determined look she was wearing forecast another installment of her periodical complaint.

I fumbled with charts and instruments as long as I could; but there was something magnetic about Mrs. C. I turned around.

"Listen," she snorted, "see that I get another doctor today! Last one I had didn't know a thing. He ain't done me a bit of good. Humph! Taxpayers' good money goin' out for whippersnappers practisin' on sick people! Guess I know what's wrong with me and what kind of medicine I need!" Her voice crowded my ears like the cacklings in a henhouse.

"I'll try to get you another doctor," I coaxed sweetly. "But, you see, doctors only treat one another's cases in an emergency. You understand, don't you?"



"'Listen,' she snorted, 'see that I get another doctor today!'"

I looked wistfully at the cubicles, hoping one of the doctors might need me for a moment. But it wasn't my lucky day. I had to stand my ground until Mrs. C. had worn herself out with her grievance and was dozing uncomfortably in her chair.

On another day, wails and the sound of things falling summoned me to help a doctor subdue the neighborhood bully. His mother stood by, wringing her hands and sobbing that Archibald was only a baby; he couldn't be blamed

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Editorial

The public health viewpoint

• Whatever her career in nursing, every nurse needs the public health viewpoint. The responsibility to *prevent* illness ranks second only to the obligation to care for the sick.

Public health nurses have long since accepted the challenge to provide adequate health education for the public. But this challenge can be met by *every* nurse, regardless of her branch of service.

It is not necessary to wear a blue uniform and carry a bag to promote health education. Every contact with the ill yields opportunities to inculcate health principles in the community. All the task requires is a little vision and imagination.

Contrary to common belief, it is not the poor alone who need health advice. Recent studies show, for example, that the curve of malnutrition does not coincide with the income curve. It includes middle-income classes well able to buy foodstuffs. The fault lies in lack of knowledge of nutritional values. The private duty nurse has a unique opportunity to correct these harmful practices with scientific and practical advice.

A hospital ward, too, is an excellent laboratory in which the nurse may remold health habits. Here a knowledge of mental hygiene will aid her to recognize individual maladjustments and to suggest proper channels for correction. With an understanding of social hygiene, bedside care may be expanded to include friendly advice on such matters as sex education and the probable outcome of neglect of venereal disease.

Mothers whose babies are hospital-born often do not know how to care for their infants at home. A well-informed nurse can interpret

hospital technique so that it may be adapted for home use.

Nurses can also familiarize patients with community welfare facilities: clinics, sanatoria, playgrounds, visiting nurse associations, and social service groups.

The nurse who has a deep professional interest in the public's health will keep broadly informed. If her preparation is limited or her professional knowledge is out-of-date, she cannot function as she should. Self-education naturally precedes instruction of others.

According to the *Curriculum Guide for Schools of Nursing,* education is concerned with the growth of the whole individual; it emphasizes the control of habit by intelligence and the variation of responses to meet each situation. This growth, this resourcefulness, typifies the public health viewpoint.

Dr. Mayhew Derryberry, of the U. S. Public Health Service, recently urged nurses to recognize their educational influence on the family. The successful health educator, he said, first secures the interest of her patient. The average person is apathetic toward rules of good health until he is stricken by illness. But nurses can show patients how careful health standards will *prevent* illness.

To do this, the nurse must be able to explain treatments, to describe diseases and their symptoms. She must learn to know her patient—not merely as a sick person but as a full personality. Thus, she will recognize what health information he lacks and can see that he gets it.

These, of course, are principles which have guided public health nurses for years. Yet there is no reason why all nurses should not find them practical. The possibility of even a third of all registered nurses taking advantage of everyday opportunities to teach health, is a compelling one. It conjures up a picture of a nation directed, at last, toward positive health practices.

Ruby R. Freer

The Doctor looks at the 8

By LOGAN CLENDENING, M.D.

• I believe in the eight-hour day. But —I cannot help appealing to nurses for a commonsense attitude toward hours, wages, and living arrangements.

It seems to me that it is going to be better for all of us who care for the sick—and better for our patients—if we can face the facts intelligently and unemotionally now. Let's not make extravagant demands upon either hospitals or the public.

I say "all of us" advisedly; for we doctors are just as concerned as you nurses. Nurses are our best friends and ablest allies. What means a great deal to you interests us as well. And we know that you're behind the eight-hour day to a woman.

Recently, at a symposium on shorter hours, Miss Nan Cuming, president of the alumnae association of the Mount Sinai School of Nursing in New York City, pointed out that a nurse working only eight hours a day can keep in better physical condition and thus give better service. Other speakers emphasized the same point.



LOGAN CLENDENING, M.D.
Former regent, American College of Physicians

But W. A. Cochel, a member of the board of directors of St. Luke's Hospital in Kansas City, produced some cold figures to the contrary. Before the change to eight-hour duty was made at St. Luke's, he said, 10.8% of the hospital's patients employed special nurses. After the eight-hour rule went into effect, only 6.9% used special nurses. The reason for this reduction, of course, was the increased cost of eight-hour care for patients using private nurses.

In other words, so far as the rate of employment and income is concerned, nurses, by insisting on the eight-hour day, have spread the available work among a third more institutional nurses. But the public, as a consequence, has cut down the number of *special* nurses employed by a third.

"The change has reduced the employment of special nurses and has added to the expense of hospital care," said Cochel.

The problem is an especially knotty one and is part of the problem which confronts the entire medical profession. We agree that an eight-hour day is as much as a nurse can be expected to stand. The fact remains, however, that the public cannot afford the expense. [*Continued on page* 25]

The Nurse

8-hour day

By EVELYN ADAM, R.N.

• I believe wholeheartedly in the eight-hour day. Shorter hours and better living and working conditions are inevitable. Their benefits are bound to accrue to nurses, even though progress may seem slow now.

As a private duty nurse, I know from experience that more than eight consecutive hours of duty is too much to expect of anyone. It's a hardship on us physically and mentally; and—even more important—it seriously lessens our efficiency in caring for patients. I believe, too, that we are still entitled to time off for fun, and time for a good night's sleep.

Like most private duty nurses, I sometimes resent the plea of hospital and nursing administrators that we be patient and in due time everything will work out all right. Things don't work out of their own accord; they must be carefully directed toward the proper end. Yet, what are nurses doing to give the eight-hour day this direction?

Eight-hour nursing has made tremendous strides in the past five years. It was in August, 1933 that the American Nurses Association made its first stand for the eight-hour day. "An attempt should be made," said the A. N. A., "to approach reasonable working conditions by encouraging, where possible, in the interest of the patient as well as the nurse, en eight-hour day for those employed on a daily basis, and a forty-eight-hour week for those employed on a weekly or monthly schedule."

Since then, approximately 950 hospitals have instituted the eight-hour day for private duty nurses. Almost 500 hospitals have the eight-hour schedule, either straight or broken, for general staff nurses. These are the 1938 figures from the A. N. A., and they show that the trend is in the right direction.

While this is impressive progress, however, it is really only a beginning. Considering that over 6,000 hospitals are registered by the American Medical Association in the United States, the proportion sponsoring eight-hour duty seems pitifully small. Many of the hospitals which have eight-hour duty for special nurses have it on an optional basis only. That leaves it to the doctor or the patient to decide the nurse's



EVELYN ADAM, R.N.
Private duty nurse, Doctors Hospital, New York



Creative camera study by Max Thorek, M.D., F.R.P.S., F.R.S.A.

Surgical nursing requires steady hands, steady nerves. But a tired nurse is a dangerous nurse, whatever her field. Eight-hour duty promotes safer nursing care.

fate. In addition, there are thousands of nurses serving in patients' homes where eight-hour nursing has never been heard of.

If doctors and the public are not yet convinced that eight-hour duty means better nursing, then I think each of us has an educational job to do.

I hear private duty nurses complain frequently that nursing lacks leadership. It is not leadership we lack so much as the individual initiative to pursue the thing in which we believe. Why? For the most part our hours are too long to permit us to develop initiative. It is really a vicious circle. If we had the time we could develop initiative; and I don't doubt that with more initiative we could find ways of getting ourselves more leisure time.

What, actually, can nurses do to help further eight-hour nursing?

For one thing, we can stop talking so much in hospital locker rooms and, instead, bring the things we want to the attention of our professional organizations. We can make an effort to organize our desires into a practical plan. We can avoid generalities and get down to the specific conditions which exist in individual hospitals and local areas. We can try to bring our demands within the limitations of hospital budgets and administrative facilities.

Another thing we can do is to familiarize ourselves with the current activities of nursing associations in behalf of the eight-hour day. Most of us are far too casual about what goes on around us. We criticize lack of activity but fail to make use of facts already available to us.

Many points in regard to hours and working conditions should be clarified by the *Study of Incomes, Salaries and Employment Conditions,* published by the A. N. A. last March. On the basis of data submitted by 11,423 nurses,

[*Continued on page* 48]

The doctor looks at 8-hour day
[*Continued from page 22*]

The costs of nursing care have increased, and the costs of hospitalization have mounted as well. This applies not only, as is often said, to people of moderate means. Rich and poor alike must assume the burden of rising medical expenses.

Those who direct the destinies of medical and nursing organizations should sit in on discussions of these matters among lay people who have recently had sickness in the family. Almost without exception they complain that hospital charges are outrageous, prohibitive for most people, unreasonable, and—here is the real point—unnecessary. Universally, they recall the callous indifference of hospital authority, nurse, and doctors to the patient's economic fate.

The result is that all the marvelous development of medical science, hospitals, and nursing organizations, might just as well never have occurred. The average man sees the glory of it, but has to say, as Shakespeare said to the dark lady, "Farewell, thou art too dear for my possessing."

A solution which will satisfy everyone is impossible at present. But since the pressure of the problem is driving us into state medicine, which will not satisfy many people either, it might be well to try a compromise.

In attempting a solution, a word might be said for cooperation: The physician and nurse can well consider the patient's pocketbook as well as his health.

The physician can use discrimination as to the number of laboratory and x-ray procedures that are carried out. Patients are often hospitalized for the convenience of the physician. Yet many people would be better off being sick at home.

Nurses seem to discuss the question of eight-hour duty as if every nursing case were a desperate one demanding constant vigilance and worry. Yet there are many short cases and cases in convalescence which do not make such a severe drain. There should be some exception to such a hard and fast rule as the eight-hour day so as to abrogate it in proper cases.

My own view of the matter is, I know, not very acceptable to nurses. They have demanded the eight-hour day, and in most localities they have it. But the question arises whether it has been the solution to the economic problem of the nurse.

Organized nursing is not alone among the allied professions in proposing solutions to these problems which are not real solutions. The medical profession is in the same position. To the problem of the costs of medical care, the organized medical profession has no real answer.

Sometimes I think all the healing professions have over-capitalized. Perhaps we have too much and too expensive equipment and procedure; too many cures for the average family. Perhaps we have too long a training course and expect too much after we get out. In my opinion, there is going to be some kind of a middle course based on individual needs.

For instance, in the case of the eight-hour day, instead of a rigid rule, a committee in each hospital could decide which cases need three shifts, which need two, and which need a single nurse with proper rest periods. Such a committee might save a drastic change brought about not by the profession but by the public.



FIG. 1

Slim lines for summer

• In the 1890's whalebone corsets weighing as much as twenty-five pounds molded the "modern" woman into breathless curves which marked the height of style, if not of comfort. Imagine twelve-hour duty during the August dog-days in such a harness!

Fortunately, times and styles have changed. Today, foundation designers have a more practical eye. Some of their creations weigh as little as three ounces; yet they do the job of remolding and restraint so well that we may be beautifully cool and beautifully slender at the same time.

A good foundation does for posture and the figure what a good pair of shoes does for the feet: it supports and controls yet allows for maximum freedom of movement.

Corset designs this summer make use of firm but lightweight fabrics and demonstrate the theory that the perfectly molded feminine figure is equal to any silhouette, any fashion trend. The designers tell us it is not necessary to mold the figure into different lines for different types of costumes; the slim, properly corseted figure is correct for all. Thus, you may change from tailored uniform to romantic evening dress and look smartly groomed in each



FIG. 2



FIG. 3

if your figure underneath has the same trimness and smooth, feminine lines.

The models illustrated on these pages are typical of the many foundation garments available which are especially suitable for warm-weather wear. Their comfort and styling should inspire those of us who have a tendency to neglect the silhouette in an effort to keep cool.

A cool "inside" job indeed is shown in Fig. 1. This is a boneless girdle of lastex net and satin that weighs only three ounces. The front and back panels of soft satin lastex stretch only up and down, flattening the figure effectively and with comfort. A two-way stretch feature in the power-net side panels controls hip lines.

This girdle also comes with a patented boning construction to keep the top from rolling over at the waistline. The restraining effect of the light boning insures a neat waistline and prevents a "spare tire" roll.

The active woman will welcome the model shown in Fig. 2, a new thin-as-skin pantie-girdle with talon fastener. It is sheer as hosiery but molds abdomen, hips, and waistline into firm contours. No matter how active you may be, this model won't ride up, bulge or twist—and it's cool.

For evening wear, or with low-backed summer sports frocks, there is a new all-in-one foundation which gives perfect poise-control. Extremely low-cut in the back, Fig. 3 is made of sheer, wispy filet net with stretchable sides. It provides that all-over "molded" look so enviable among well-dressed women.

Another all-in-one garment, Fig. 4, is excellent as a cool summer foundation. Its porous lace lastique permits your skin to breathe with uncorseted freedom, but it is sufficiently firm to hold you to slim, sleek lines. Moreover, it may be tubbed frequently and will not lose its effectiveness.

Many women prefer the "made to order", personally fitted foundation garment, not only for preventive or corrective support, but for general figure grooming as well. In Fig. 5 is illustrated the type of garment which may be made to individual measure.

These made-to-measure garments are all designed according to anatomical principles, giving a natural uplift to sagging muscles. They can be made to fit women of any size, any proportion. Each woman's figure is first molded by a trained corsetiere using patented modeling garments. Then, measurements of the improved figure are taken over the modeling garments. Sometimes as many as sixteen different measurements are taken so that the garment will fit in every detail. [*Cont. on p.* 48]



FIG. 4



FIG. 5

Nutrition Briefs

Until recently, the only common sources of vitamin C were tomato juice and the juice of oranges or of other citrus fruits. The infant's requirement for the vitamin, and the age at which it should be introduced into the diet of the artificially fed, were largely a matter of guesswork. Now, however, the availability of crystalline vitamin C (cevitamic or ascorbic acid), and the development of precise analytical methods, permit greater accuracy in antiscorbutic therapy.



Studies at Harvard Medical School disclose that the old standards for vitamin C dosage should be revised upward. The Health Committee of the League of Nations, for example, declared as late as 1937 that the third month is time enough to start vitamin C therapy, and that the daily dose for children should be not less than 5 mg. of cevitamic acid. Yet nature provides much more for the breast fed infant—from 20 to 40 mg. of vitamin C, depending on the volume consumed. Furthermore, assays of urine and liver tissue show that young infants have comparatively low reserve stores of the vitamin.

By inference, then, it seems wise to inaugurate antiscorbutic therapy early in the neonatal period, rather than to defer it and risk depletion. The daily dose may be set at 20 to 30 mg. of cevitamic acid crystals or, in terms of orange juice from 1½ to 2 ounces.
Ingalls, T.H.: Ascorbic Acid Requirements in Early Infancy New England J. Med. 218: 872, *May* 26, 1938.

Although fat serves primarily as a concentrated source of fuel energy, recent studies suggest that it may have other nutritional roles. For example, normal growth and well-being in the white rat require the presence in the diet of certain unsaturated fatty acids, which are best supplied by corn or linseed oils.



It is debatable whether or not the human requires these acids for "normal growth and well-being." There is a record of a man maintaining himself for six months on a diet which provided only about two grams of fat per day. The most noticeable result was the marked absence of fatigue. More recently, it was suggested that unsaturated fatty acid deficiency may explain the susceptibility of certain individuals to the common cold.

It is now well recognized that the fats are valuable as carriers of the so-called fat-soluble vitamins, A, D and E. However, many of the common food fats, such as pork fat and the vegetable oils, contain vitamins in insignificant amounts. For this reason, one must be especially on the lookout for deficiency diseases among persons who are forced to live, especially during the winter on diets made up of fat pork and potatoes.
Sinclair, R. G.: The Nutritional Significance of Fat. Canad. M. A. J., page 491, *May* 1938.

Pickaxe wielders and others whose work depends mainly on brawn, are prone to consume large quantities of meat under the impression that "meat makes muscle." This concept is perhaps a heritage from the days when the word brawn meant not only "superb muscular development" but also "flesh of the wild boar"; and boar's meat was sought after to make knights strong and fearless. Nevertheless, a large quantity of meat is precisely not the proper diet for muscle workers.



The human machine may be likened to an automobile in which there is a small amount of wear and tear (protein loss), accompanied by a much greater consumption of gasoline (fuel energy). The natural sources of fuel energy are fats and carbohydrates. Muscle repair, on the other hand, requires protein; fats and carbohydrates will not do. Although muscular work accordingly calls for a certain amount of protein in the diet, there is a relatively much greater need for the fuel energy foods.

In fact, the notion that a high protein diet is essential for heavy work is not only erroneous but mischievous, because protein has a high specific dynamic action. During its metabolism, the body generates a considerable amount of unnecessary heat which must be dissipated. That is why a hearty meat meal always makes hot weather seem hotter.

By contrast, the specific dynamic action of fats and carbohydrates is small; their metabolism is accompanied by relatively little heat production. They are thus more efficient sources of muscular energy than protein. During exposure to cold weather, pickaxe wielders may welcome the increased heat production of protein metabolism, but they will find, too, that it is not as good a fuel for the human machine as are fats and carbohydrates.

Bell, L. G.: Protein Requirements in Normal Nutrition. Canadian M. A. Jour. 38:387, April, 1938.

While practising in China, an alert Americaan obstetrician observed something from which may come a solution to an old problem: What causes toxemia of pregnancy?

The Chinese diet is deplorably low in vitamin B_1, and the incidence of beriberi is correspondingly high. Also high is the incidence of toxemia among Chinese mothers. That there may be a relationship between the two disorders is strongly suggested by the association with both of pituitary dysfunction.



Signs of hypopituitarism are manifest in beriberi; conversely, the syndrome of hyperpituitarism is seen in toxemia. Perhaps, then, vitamin B_1 has a regulatory role on the pituitary analogous to that of iodine on the thyroid. Vitamin B_1 deficiency would thus cause hyperpituitarism and toxemia, or hypopituitarism and beriberi, depending on whether or not the patient is pregnant.

Paradoxical as it may seem, this hypothesis at least explains why toxemia is most common among primiparæ, multiple pregnancies and hydatid mole, or among poor patients. In all of these, vitamin B_1 deficiency must be suspected, either because of inadequate diet or because an increased pituitary function tends to *make* inadequate a diet which, without pregnancy, would be adequate in vitamin content. The theory suggests that expectant mothers who fail to take extra vitamin B_1 may be heading straight for toxemia.

Siddall, A. C.: Vitamin B_1 Deficiency as an Etiologic Factor in Pregnancy Toxemias. Am. J. Obst. and Gyn. 35:662, April, 1938.

Are you a face-maker?

This beauty authority recommends analysis of facial expressions as a remedy for complexion problems.

BY MILDRED E. SCRIBNER

• REMEMBER making faces in your pinafore days? Mother rebuked you by inquiring "How would you like your face to freeze that way?" Curiosity aroused, you went to the mirror. The grotesque mask reflected was usually so frightening that you resolved to restrain future face-making.

However, bad-expression habits in grown-ups prove that many of us did not discard face-making along with our hair-ribbons. Perhaps it's time to consult the mirror again!

Habitual expressions do freeze into real complexion problems. They cause lines around the mouth, crows' feet, frowns, scowls, and horizontal forehead lines.

We spend precious dollars on creams and lotions; precious moments on massage and corrective routines. Yet we continue to make faces—creating the very flaws which cosmetics are designed to eliminate. Is it fair to ourselves or to our favorite cosmetics?

This analysis of careless facial expressions should help you make the most of the cosmetics and other beauty-aids you are now using.

Tell-tale mouths

Mouths frequently tell tales without uttering a syllable. More than any other feature they are subject to distortion.

A droopy mouth suggests chronic dissatisfaction with life. But tribulation is no more responsible for the condition than is permitting mouth corners to droop. True, good fortune is not always our lot; but mouth corners turn down or up at will.

Some psychologists insist that feelings result from bodily states. You may not always be happy when you smile. Theory has it, though, that you can induce the emotion by assuming the physical position typical of the feeling.

Try it. Overcome a droopy mouth by consciously putting it into the smile position. Immediately, you feel happier. Persistent practice strengthens sagging mouth muscles. Soon they will turn up habitually.

It isn't necessary to cultivate a permanent Cheshire-cat smirk. As a matter of fact, a perpetual grin actually deepens nose-to-mouth lines. However, the mental hygienist who urges fifty laughs a day to maintain optimism, is on the right trail. And, if your sense of humor functions that actively, your mouth corners can't stay down!



Krainin, Black Star

Wrinkles of various types are produced by contorting the lips. Compressing them to a thin line tends to etch deep furrows at their corners. An habitual pout traces lines along the upper lip. Lip-biting accentuates nose-to-mouth and corner lines.

These mannerisms usually result from nerves. Conscious relaxation—letting the lips "go"—is necessary to overcome such habits.

It's a good idea, too, to ascertain the real reason for your nervousness. Calmer nerves and greater self-confidence help fortify physical efforts to overcome lip-tightening, pursing, biting, and mouth distortion.

Crinkles from squinting

Eye lines, likewise, can be traced to faulty expression habits. Squinting breeds crows' feet and other fine lines. Quite possibly, squinting may be your defense against too much light. On the other hand, it may be due to eyestrain. People who focus with difficulty often squint. This may be corrected by screening out glare, by proper lighting, or by suitable glasses.

Brimmed hats and colored glasses are an effective protection from sun dazzle. Indeed, protective glasses are a "must" for all under-the-sun activities, from golfing to shopping!

A new type anti-glare lens is being marketed which is optically correct for sunlight or for night driving. Somewhat more expensive than ordinary colored glass, its optical precision makes it worth the price. Cheap, tinted goggles may prove expensive in the long run. They often cause serious eyestrain.

Proper lighting reduces glare and consequently, eyestrain. If you squint, study the lighting about you. Facing a window or lamp is likely to increase squinting. Light should be softly, indirectly reflected on your work, preferably over the left shoulder to eliminate shadows. Rearrangement of work units, if the lights cannot be changed, often effects miracles in eliminating glare. Adjusting bulb sizes to purpose also helps.

Eyestrain, of course, is not always



Aside from the discomfort, the scratching and traumatizing of insect bites can lead to serious secondary infection. Free your vacation of such hazards by including Campho-Phenique Liquid, Ointment and Powder as a regulation item in your summer luggage. Frequent application will repel most insects while guarding against secondary infections.

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City and State .....

due to faulty lighting. It may be functional as well. Whatever the cause, however, it should be corrected with glasses prescribed by a competent oculist.

In addition to forming crows' feet, squinting tends to contract the brows into a frown. In fact, both vertical and horizontal forehead lines develop from such bad-expression habits.

Forehead wrinkles

Many nervous mannerisms cause forehead wrinkles. The acid of bad humor etches deep scowls and frowns. Many of us "think" with our brows, drawing them into prodigious frowns of concentration, or lifting them to make horizontal worry patterns. As a result, our foreheads become as traced with lines as a road map.

No amount of "surface care" can erase the lines caused by such lack of inner control.

Nerves, worry, and eyestrain cause these bad habits. Aptly named, then, is "beauty sleep." Rest brings relaxation; forehead lines fade. Mental hygiene smooths out wrinkles just as it conquers worry and fretting.

Smiling helps

The smile exercise is beneficial here, too. Smiles and frowns require different sets of muscles. You can't frown if you smile.

In addition, a smile saves energy. It takes fifty muscles to frown—only eleven to smile!

Mirror-gazing is as good for adult face-making as it was for childish grimacing. Are you guilty of unnecessary facial contortion? Ask your mirror. Then, forewarned, you can correct the careless habits that keep you from making the most of your features.

Calling all nurses

Is there someone in the profession you'd like to get in touch with? Already, this department has brought together scores of old friends! If you've lost track of a classmate, or want to find a co-worker from early nursing days, address a notice to the "Calling all nurses" editor. Each notice should not be longer than 100 words. You may sign your message with initials or a nickname, if you wish. But be sure to send along your full name and address so that replies may be forwarded to you. There is no charge for this service to registered nurses.

ALICE VANA: Where did you go when you left Herman Kiefer Hospital? My last letter to you was returned. Please let me hear from you soon. Maude Dorbandt, 1387 Masonic Avenue, San Francisco, Calif.

NEW YORK STATE NURSES: Do you know the provisions of the new Todd law effective July 1, 1938? It provides for registration every second year instead of annually. Your 1937-38 registration card to practice in New York is valid until August 31, 1939. You will receive no application card for reregistration until May, 1939. Stella M. Hawkins, secretary, State Board of Nurse Examiners, Albany, New York.

LUCILLE MacINTIRE, graduate, Jefferson County Hospital, Fairfield, Iowa, 1923. Dear Mac: I still live in the same town, in the same house, on the same street. Would like to see you, but a letter would do. Edith Thomas Hilbrant, Mt. Pleasant, Iowa.

BASE NO. 117, A.E.F., 1918-1919: Proposed reunion of all officers, nurses, and enlisted men in Los Angeles, Calif., during the Legion Convention in September. For particulars, write Emma J. Pearce Preston, 424 W. Elm Street, Compton, Calif.

MRS. ISABELLE CAMM: If anyone happens to know the whereabouts of Mrs. Isabelle Camm, I should appreciate having this information passed on to me. Mrs. Camm is a graduate of St. Mary's General Hospital, Brooklyn, N. Y., class of 1892. She was with the New York Health Department for several years, and when I last heard of her (about 1920) she was working in the child hygiene field. I would be most grateful for any information about this friend. Dorothea Brengel, 297 Claremont Avenue, Brooklyn, N. Y.

CAMMA ENGVORSEN: Please get in touch with me at once. Unless I am mistaken, I know where there is $100 belonging to you. Address M. R. D., c/o *R.N.—A Journal for Nurses*, Rutherford, N. J.

BERNICE JORDAN SAMPONT. Please write, B. J., as I think of you so often and would like to know how you are. We're still in the same place. Camp, 143 E. Clifford Ave., Alexandria, Va.

MRS. HARRIDON: I've been looking high and low for you. Are you still living in Massachusetts? Please communicate with me as I have a position in mind for you. Mrs. S. Suber, 34 Stratford Road, Brooklyn, N. Y.

ANNE MACARIO: Bert is here from England for two months. He is very eager to get in touch with you. Frightfully sorry I lost your address and do hope you or a friend sees this, and that you can write me immediately. Lettie White.

New books

Jurisprudence for Nurses

By Carl Scheffel, Ph.B., M.D., LL.B., and Eleanor McGarvah, R.N. Revised edition, 1938. Published by Lakeside Publishing Company, New York City. $3.

• Nurses have a two-fold responsibility under the law. In addition to coming within the jurisdiction of laws governing them as ordinary citizens, they are affected by the statutes which control the profession. Yet too many nurses fail to equip themselves with adequate legal understanding.

Do you know, for instance, how the law views your professional duties? Do you realize that knowledge of simple legal principles may aid the business side of your practice? Do you know how to avoid litigation?

Dr. Carl Scheffel answers these questions in his book, *Jurisprudence for Nurses*. The volume was first published in 1931, but has now been revised and amplified with the assistance of Eleanor McGarvah, R.N., a member of the Michigan Bar. The original edition was the first volume of its kind and has been widely adopted as a text by schools of nursing.

There are three general divisions of law: common law, statute law, and judge-made law. The first, Dr. Scheffel says, although sometimes spoken of as the unwritten law, actually "embodies the bulk of the law contained in legal textbooks." It is that portion of the law which applies wherever specific statutes do not cover a point under consideration.

Statute law, on the other hand, is "that body of law which is made by legislative enactment, either federal or state." It also includes ordinances made by cities and regulations of boards, commissions, and tribunals.

Judge-made law consists of the interpretation of common and statute law applied to decisions and leading cases in the higher courts.

Dr. Scheffel applies the law in these different aspects to common nursing experiences. For example, a chapter on property rights regarding charts and clinical data, throws light on problems which nurses encounter almost daily. Legally, laboratory findings belong to the doctor currently on a case, regardless of the efforts of previous physicians to withhold them.

Another chapter defines the responsibility of nurses in contractual relationships. On the proper interpretation of this relationship rests the conclusion as to what duties a nurse may carry out within the limitations of the law.

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(U. S. P.)

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The book also attacks the currently acute problem of what comprises an adequate nurse practice act. In the appendix is included a specimen law demonstrating the elements necessary in good nursing legislation.

Dr. Scheffel's book makes no attempt to take the place of professional legal advice. It is a guide rather than a panacea. "The value of legal knowledge," says its author, "consists not in getting out of legal difficulties, but in the ability to avoid them."

Neither nursing nor law stands still, says Dr. Scheffel. "Our courts constantly make new, interesting, and important decisions involving nurses in some phase of their professional activities. Each year legislatures enact new laws which directly or indirectly affect nurses; and leaders in the nursing profession are keenly interested in having new laws enacted which place nursing on a higher plane." That is one reason why nurses need a fundamental understanding of legal matters. Dr. Scheffel's book offers practical information which may be applied to everyday nursing situations.

The Hospital Head Nurse

By Mary Marvin Wayland, R.N. 1938. Published by The Macmillan Company, New York City. $3.50.

● Authorities claim that one of the greatest weaknesses of hospital organization has been lack of adequately prepared applicants for the post of head nurse. Even more damaging is the practice of appointing nurses who have a "flair" or "instinct" for management, but no actual training. Both these evils stem from the same sources: facilities for educating nurses to assume head nurse posts are often limited; adequate texts are scarce.

Mary Marvin Wayland, R.N., has written a book which helps meet the need. Not intended as a substitute for educational courses, *The Hospital Head Nurse* provides, however, a text covering in detail the essentials of this field. Its aim is to guide head nurses and their assistants toward a better understanding of their responsibilities —both to the hospital and to the school of nursing. It should be valuable as a teaching tool in all staff education programs.

The book is divided into four parts: the head nurse and her unit in relation to the hospital as a whole; the functioning of the head nurse as a staff member; the head nurse as a member of the nursing school faculty; how the head nurse chooses her work.

The latter section contains useful vocational information for nurses who



"AND THE PATIENT SAID



SHE WAS WELL PLEASED, *Miss Holley*"

Every patient is pleased with Nurse Holley—pleased with the efficient way she handles the problems of the sick room. The characteristic sick room odor (due in large part to perspiration) is greatly minimized by her regular use of MUM on the patient, for it quickly takes the odor out of perspiration. . . . The patient is psychologically refreshed. She enthusiastically recommends Nurse Holley.

MUM is perfectly safe. It does not interfere with the normal activity of sweat glands in any way. It simply acts to prevent the ugly odor of perspiration. A single, half-minute application of this snow-white, creamy deodorant neutralizes perspiration odors for the entire day.

Your patients will be grateful for your use of MUM, the safe, effective deodorant. Try it yourself. Use it on sanitary napkins to neutralize tell-tale odors.



MUM TAKES THE ODOR OUT OF PERSPIRATION

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want to select this branch of nursing as a career. Mrs. Wayland discusses the opportunities, and rewards of head nursing, the personal qualities essential to the post; cites salaries, and other employment factors.

Several chapters deserve particular attention. In these Mrs. Wayland discusses the personnel of the head nurse unit, the dignity of the head nurse position. She analyzes the case and functional methods of ward assignments, and defines the philosophy of individualized patient care.

The work which preceded the publication of this book covered a period of seven years. Represented in its pages are the cooperative efforts of many nurse educators and administrators. Adding to its distinction, the book has been edited by one of the outstanding figures in nursing education—Miss Isabel Stewart.

Diabetes

[*Continued from page* 13]

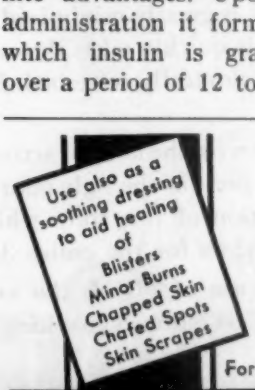
cently introduced by Hagedorn of Copenhagen.

Protamine zinc insulin offers definite advantages. Upon subcutaneous administration it forms a depot from which insulin is gradually released over a period of 12 to 24 hours. Thus the organism is provided with a continuous supply, in a manner not unlike that existing in the nondiabetic. It is claimed that the influence of protamine zinc insulin is 3 to 6 times as protracted as the action of regular insulin.

Administration.—In the United States protamine zinc insulin is administered in the morning, either before or after breakfast. Because its influence is not immediately available, a supplementary injection of regular insulin is given before breakfast (in addition to the protamine zinc insulin injection which is then administered after breakfast) to aid in the combustion of the morning meal.

NOTE: With regular insulin hypoglycemic reactions appear within 2 to 4 hours after administration; with protamine zinc insulin—because of its delayed action—hypoglycemic reactions do not occur until 6 to 8 hours after injection. It is important that the patient understand this fully, so that he may be able to be on his guard and prepare to counteract them.

Protamine zinc insulin is an insoluble compound and appears as a white, flaky precipitate. The active material is contained in the white granules; it is therefore important to agitate the bottle before withdrawal



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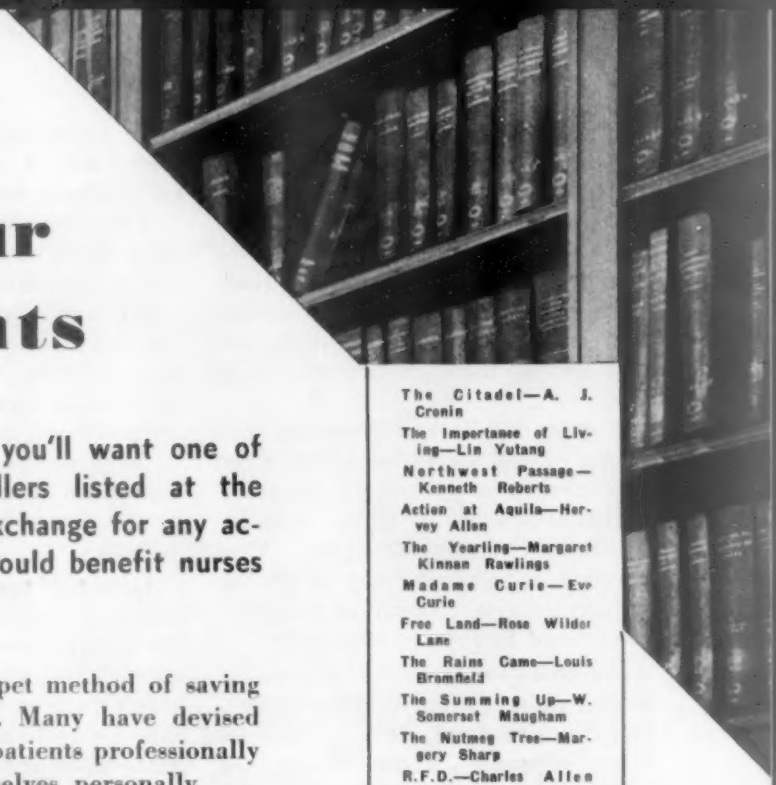
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Every nurse has some pet method of saving time, effort, or money. Many have devised novel ways of helping patients professionally and of bettering themselves personally.

Don't keep these good ideas to yourself. Share them with the 100,000 registered nurses who read *R.N.* every month. For each acceptable idea described in 500 words or more, we shall send you a copy of any best-seller listed on this page. Simply mail in your idea and specify what book you want.

There is no limit to the number of ideas readers may submit. A book will be given for *each one* published.

We cannot acknowledge unusable entries or enter into correspondence about this offer. Address: Ideas Editor, *R.N.*—A Journal for Nurses, Rutherford, N. J.

- The Citadel—A. J. Cronin
- The Importance of Living—Lin Yutang
- Northwest Passage—Kenneth Roberts
- Action at Aquila—Hervey Allen
- The Yearling—Margaret Kinnan Rawlings
- Madame Curie—Eve Curie
- Free Land—Rose Wilder Lane
- The Rains Came—Louis Bromfield
- The Summing Up—W. Somerset Maugham
- The Nutmeg Tree—Margery Sharp
- R.F.D.—Charles Allen Smart
- Winter in April—Robert Nathan
- Hell on Ice—Commander Edward Ellsberg
- Fifty Years a Country Doctor—Dr. Wm. N Macartney
- Fashion is Spinach—Elizabeth Hawes
- My Story—Eleanor Roosevelt
- Sleep in Peace—Phyllis Bentley
- Man Against Himself—Karl A. Menninger
- Dawn in Lyonesse—Mary Ellen Chase
- The Late George Apley—John P. Marquand
- The Fight for Life—Paul de Kruif
- J. B. Murphy—Loyal Davis
- Assigned to Adventure—Irene C. Kuhn

Here are just a few of the many topics on which you probably have good ideas: new nursing techniques, improvised equipment, cooperative living arrangements, personal finances, nursing education, savings and insurance, clothes, make-up, food, recreation, association activities, etc.

of the suspension, in order to distribute the insoluble insulin thoroughly throughout the liquid. Failure to heed this precaution will make the last few doses too potent, and will increase the likelihood of hypoglycemic reactions. Each cubic centimeter of protamine zinc insulin contains 40 units; its strength is therefore designated as U40.

Regular insulin and protamine zinc insulin should never be administered concurrently in the same syringe. Injection sites must be varied, especially if both forms are given. After injection of protamine zinc insulin the syringe and needle should be thoroughly cleansed to prevent clogging.

Acidosis.—Diabetic acidosis, a serious complication of diabetes mellitus, results from dietary indiscretions, improper insulin dosage, or acute infections. It represents an intoxication with acid end-products of incomplete fat combustion, and is likely to terminate fatally, if not promptly and vigorously combated.

Energetic therapeutic measures should be instituted without delay. The patient is put to bed, external heat is applied, and a cleansing enema is given. The attending physician is called immediately, and preparations are made for the administration of large quantities of insulin, dextrose, and fluids. A urine specimen should be available for instant examination.

The treatment of diabetic acidosis aims to encourage the combustion of the accumulated end-products of incomplete fat metabolism. It consists of the administration of large doses of regular insulin, together with purposely excessive quantities of orange juice by mouth or dextrose subcutaneously or intravenously. Fluids are given in abundance. It usually takes from 24 to 48 hours to overcome diabetic acidosis.

General care.—In addition to dietary control and insulin treatment, the general care of the diabetic is of utmost importance in maintaining health and preventing complications. Sane living habits are essential; adequate sleep and frequent rest periods are imperative, and freedom from worry must be encouraged. Excessive exercise is to be avoided; unusual efforts should be indulged in only after proper adjustment of the caloric intake and the thereby required insulin dosage.

Patients confined to bed must receive special attention to the back in order to prevent decubitus ulcers. Rubber sheets should not be used, as "burns" might result. Adhesive tape

FEET, LEGS TIRE, ACHE?

Tired, aching feet, rheumatic-like foot and leg pains, sore heels, callouses on soles—all are signs of weak or fallen arches. Nurses who are on their feet so much are especially subject to these foot conditions.

Dr. Scholl's scientifically designed Arch Supports relieve pain caused by strain of the muscles and ligaments by giving the arches gentle, but firm, support. They are *adjusted* to your feet and soon restore the arches to normal. Extremely light and RESILIENT. Expertly fitted at Shoe and Department Stores—$1.00 to $10.00 a pair. For booklet on FOOT CARE, write Dr. Scholl's Inc., Dept. N, Chicago, Ill.



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SUNBURN

"Sunburn is a pain in the crest. Every time I slap one of these sunburn-babies, it makes me boil. Why don't they use NUPERCAINAL* and we'd both cool off?"

The waves would keep cool and the girls calm with NUPERCAINAL, the smooth local anesthetic ointment that speedily takes the pain and itch out of sunburn. Many a grateful patient has given thanks for its prolonged relief and aid in earlier recovery.

NUPERCAINAL "CIBA" is packaged in tubes of one ounce and jars of one pound.



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and iodine are to be avoided if possible, as they might produce skin irritation. Hot water bags and electric pads should be employed with caution to prevent thermal burns. Because diabetics are prone to develop severe infections from minor or trivial cuts and abrasions, corns and callouses should be cared for only by a chiropodist. All injuries should receive prompt attention by a physician.

●

Probably due to modern-day methods of living, diabetes mellitus is on the increase. It is gratifying to know that medical knowledge and intelligent nursing care have found a way to enable the sufferer from this insidious condition to round out a practically normal span of life.

Beauty FOR YOUR EYES WITH Maybelline

A few simple brush strokes of Maybelline Mascara in either Solid or Cream-form makes it marvelously easy to transform thin, straggly lashes into the lovely natural appearance of long, dark, luxuriant fringe. Try it! Harmless, tear-proof, non-smarting. Tends to make lashes curl. Black, Brown, Blue. 75c. Refills 35c.



Try Maybelline's smooth-marking Eyebrow Pencil and Maybelline creamy Eye Shadow—flattering but never gaudy are their subtle, matching tones. Trial sizes of all Maybelline Eye Beauty Aids at 10c stores. For eye make-up in good taste, insist on Maybelline.

At the clinic

[*Continued from page* 19]

for kicking the doctor in the head and upsetting the equipment tray.

"Baby!" I thought, picking up the needles, and tape, and pieces of broken glass. "Wonder what kind of razor he uses!"

Momma, meanwhile, in a high soprano, was threatening to report us to the superintendent, the commissioner, the mayor.

In the course of almost any day, matronly Mrs. Lottakids shows up with a long, piteous story. Invariably, she has left five or six of her brood at home, all practically at death's door. The doctor must attend to her right away—so she can go home and arrange a mass funeral or something.

I used to wonder why, if the children were so sick, she didn't send *them* to the clinic and stay home herself. But you soon stop reasoning about such things.

Whenever I make the mistake of imagining I've got things down pat at last, in waltzes fourteen-year-old Daisy Hubbub with a half-dozen young pagans in tow. Only one is listed for treatment; but Daisy is taking care of them all; and she's afraid to leave them by themselves. So afraid is she, in fact, that only intense watchfulness on my part prevents her from running the whole gang into the cubicle with the doctor.

Just try to control Daisy's young athletes! They think a clinic the perfect stadium. As fast as I break up a 60-yard dash, they begin to transform our benches into climbing racks, or to broad-jump unceremoniously into every cubicle. Meanwhile, the adult patients fidget and promise to com-

The Effect of Alka-Seltzer on Hyperacidity Produced by Consumption of Alcohol

This is the 5th of a series of experiments to adjudge the value of Alka-Seltzer as a simple aid to relief in certain everyday, minor discomforts.

Previously in the series it has been shown that the analgesic in a solution of Alka-Seltzer is not ordinary aspirin but an acetylsalicylate (Exp. No. 1); that Alka-Seltzer exerts an antacid effect in the stomach (Exp. No. 2); that it results in a systemic, alkalizing action after absorption (Exp. No. 3); and that it tends to hasten gastric emptying time (Exp. No. 4).

RESEARCH PROBLEM NO. 5

To Determine the Effect of Alka-Seltzer on Hyperacidity Produced by Consumption of Alcohol

Experimental Method. Fasting male subjects were used in the tests. After aspiration of any gastric residuum each received 200 cc. of a 25 percent solution of alcohol. Samples of gastric content were aspirated every fifteen minutes for an hour, after which each subject received two tablets of Alka-Seltzer in 100 cc. of water. Gastric samples were aspirated every fifteen minutes until the stomach was completely emptied or, if the stomach had not emptied within this time, for two and one-half hours after the administration of Alka-Seltzer.

The same procedure was followed subsequently with each subject, substituting aspirin tablets for Alka-Seltzer tablets. Samples of gastric content were analyzed for pH (Leeds and Northrup, Type K potentiometer with a Hellige glass electrode), free hydrochloric acid and total acidity by titration, and total chlorine by the method of Van Slyke.

Results. Changes in free hydrochloric acid and in chlorine concentrations of the gastric contents were plotted in the form of graphs. During the first sixty minutes after consumption of alcohol a marked increase was noted in gastric acidity. Following the administration of Alka-Seltzer, there was noted a prompt decrease in the free hydrochloric acid of the gastric contents which remained between 2.5 and 24 cc. of 0.1 N acid during the subsequent hour or until the stomachs were emptied completely.

Moreover, the differences noted between the total chlorine and free hydrochloric acid curves served to indicate that the effect of Alka-Seltzer in relieving gastric hyperacidity resulting from alcohol, is brought about by neutralization of the hydrochloric acid of the gastric contents and not by suppression of secretion of this acid.

•

Alka-Seltzer is offered not as a treatment for the *cure* of disease but as a simple home remedy for relief of certain everyday discomforts for which professional care is not usually sought or required.

An Alka-Seltzer tablet, dissolved in a glass of water, produces a sparkling, effervescent solution which is palatable and rapidly effective in relieving such minor conditions as a "sour stomach" brought on by indiscretions of eating or drinking, in relieving ordinary headaches and in providing a prophylactic, analgesic and alkaline effect during the early stages of a cold.

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No. 6 of a Series

plain to the "heads" about my general uselessness.

When noon arrives, I sigh deeply, snatch a syringe from the grimy hands of Daisy's youngest charge, and, as painlessly as possible, turn away indignant stragglers who came too late to register. Then I clean up.

As I slump weakly into my place at the luncheon table, a classic comment greets me for the umpty-umph time: "Well, well; and how are things at the clinic? Wish I were in your place. Some people get all the breaks!"

Yeah.

42,000 nurses

[*Continued from page* 17]

general it is sufficient to cover tuition, traveling expenses, and maintenance. The allowances range from $70 to $120 per month.

In Washington, D. C., are located the headquarters of the U. S. Public Health Service, the U. S. Veterans Nursing Service, the Indian Service, and the Army and Navy Nurse Corps. All offer opportunity to public health nurses who meet their requirements.

Only last month the U. S. Civil Service Commission announced examinations for positions in the Indian Field Service. The examinations covered three classes of positions. (1) public health nurse, salary $2,000 a year; (2) graduate staff nurse, salary $1,800; (3) nurse technician, salary $1,800. Information about such examinations may be secured from the U. S. Civil Service Commission, Washington, D. C.

While Civil Service salaries are not necessarily typical of the entire public health nursing field, they suggest its possibilities. Generally, $100 a month is an average starting salary for a public health nurse. In some public health nursing services, however, salaries for staff members range from $60 to $150 a month.

In the higher brackets are nurses with college degrees and several years of experience. A study made this year by the N.O.P.H.N. reveals that supervisors' pay varies from $152 to $173, with an average of $155 a month. In large cities, directors and assistant directors earn up to $500 a month.

If you want a chance for individual growth, a dependable income, an opportunity for advancement, a 44-hour week, a month's vacation with pay every year, then prepare yourself for public health nursing! There's plenty of room for you.



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in an Antispasmodic and Sedative which is safe and effective

HVC has been recommended for years by Physicians and Nurses because it is a safe and long tested antispasmodic and sedative which contains no narcotics or hypnotics.

HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

Trial Sample with Literature to Nurses

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Warning! ***Give your state registration number when requesting literature or samples. Otherwise your request can not be honored. The offers listed on this page are available to registered nurses only.***

Interesting Products

GOAT MILK: In difficult feeding cases of infants, children, and convalescents, nurses will welcome Meyenberg Evaporated Goat Milk as a new diet aid. Pleasant to take with water or mixed with flavorings, this pure, sterile goat milk is unusually nutritive because of its high unsaturated fatty acid content. It is especially beneficial in malnutrition cases and for patients allergic to the lactalbumin in cow's milk. For free sample and literature, address Goat Milk Products Co., Dept. RN 7-38, 1039 So. Olive St., Los Angeles, Calif.

SPENCER CORSETS: For a trim, cool figure in uniform, the Spencer Corset Company suggests its new type foundation garment that eliminates figure bulges while providing specific abdominal uplift, restful back support, and definite posture improvement. The garment is made of sheer ventilative material, lighter than lingerie; and it launders like a handkerchief. It is sold only by trained corsetieres who call at your convenience for a free figure analysis. Each corset is individually designed for the wearer. Descriptive booklet sent on request. Spencer Corset Co., Dept. RN 7-38, 143 Derby Ave., New Haven, Conn.

RENNET-CUSTARDS: A practical booklet on the dietary uses of rennet-custards and other milk foods may be had by registered nurses, free of charge, by writing to "THE 'JUNKET' FOLKS," Chr. Hansen's Laboratories, Inc., Dept. RN 7-38, Little Falls, N. Y.

CRAX: Here is a product which should be of interest to all nurses. Crax is an effective medication for the treatment of "athlete's foot," ringworm, and other tinia infestations. Poison ivy and other forms of dermatitis have also responded frequently to its use. A generous free sample and literature will be sent to registered nurses addressing their requests to Stanco, Inc., Dept. RN 7-38, 2 Park Ave., New York, N. Y.

EUCUPIN OINTMENT: New on the market, this bactericidal and analgesic ointment gives rapid and prolonged symptomatic relief from the discomfort of hemorrhoids, fissures, pruritus, ulcers, chronic eczemas, burns, and sunburn. The bactericidal power of Eucupin is valuable in the prevention and treatment of surface infections. Eucupin is composed of Isoamylhydrocupreine Ethylaminobenzoate in an absorbable base. For a trial supply, write to Rare Chemicals, Inc., Dept. RN 7-38, Nepera Park, Yonkers, N. Y.

GLYCO-THYMOLINE: Physicians and nurses have been familiar with this safe, dependable alkaline for 43 years. It is recommended for the relief of ordinary colds, sore throats, and inflammed mucous membranes in any part of the body. Free sample on request. Address Kress & Owen Company, Dept. RN 7-38, 361 Pearl St., New York City.

GIFTS AND SUPPLIES: The Penn Surgical Company offers a brochure of useful hints and reminders, illustrating worthwhile gifts and supplies for the nurse. Free copies are available. Address Penn Surgical Co., Dept. RN 7-38, 1407 North 8th St., Philadelphia, Pa.

Classified

Looking for a new position? If you are, you may insert here, without charge, a 24-word classified ad telling our 100,000 readers about your qualifications. As space for this service is limited, the first ads which reach us each month will be used in that month's issue. Also listed regularly in this department are positions currently available. To avoid delay in forwarding applications to employers, be sure to specify the box number of the ad which interests you.

POSITIONS WANTED

ASSISTANT SUPERINTENDENT OF NURSES: Four years' experience in public health; six years as science and practical instructor. B.A., University of Kentucky; M.A., Columbia University. Registered Massachusetts, New Jersey, Dist. of Columbia, Canada; New York registration pending. Age 38. Protestant. No locality preference. Box 7 - 1.

COMPANION-NURSE: Mississippi registered nurse desires post as companion-nurse to children or adults. Age 29. Three years' private duty practice in Mississippi hospitals. Also experienced as assistant in public health and in nursery-school nursing. Free to travel. Box 7 - 2.

COMPANION-NURSE: In private and general duty four years. Familiar with secretarial routine. Free to travel. Protestant. Age 24 years. Box 7 - 3.

GENERAL DUTY: New York State registration. Seeking position within 150 mile radius New York City. Age 27. B.S. degree. Experienced tuberculosis and orthopedic nursing. Would prefer position in children's tuberculosis service or in orthopedic nursing. Box 7 - 4.

GENERAL DUTY: Seven years' experience in tuberculosis work. Registered in Pennsylvania. Age 45. Catholic. Good health. Box 7 - 5.

GENERAL DUTY: Age 23. Graduate Memphis, Tenn., hospital. Postgraduate training at Cook County Hospital, Chicago. Colored. Salary open. Box 7 - 6.

GENERAL DUTY: Registered in Iowa. Prefers to work in central states. Age 27. Five years' experience general duty. Able to assist in obstetrics department. Salary $70-$75 and maintenance. Best references. Box 7 - 7.

HOUSE MOTHER: Excellent experience as hospital executive, instructor, public health nurse. Would like position in eastern Pennsylvania or New Jersey. Registered in Pennsylvania. Middle-aged. Protestant. Box 7 - 8.

HOUSE MOTHER: Or charge of small home for the aged. Former superintendent, night supervisor, and instructor of nurses. Executive ability. Protestant. Middle-aged. Good references. Position in East preferred. Box 7 - 9.

INDUSTRIAL: Or office nurse. Age 27. Single. Seeking position New York City or vicinity. New York State registration. Seven years' nursing experience, including some clinic and first-aid work. Salary open. Excellent references. Box 7 - 10.

INDUSTRIAL: Or office nurse. New Jersey registered nurse wants position Newark locality. Five and a half years' experience in institutional and private duty. Knowledge of typing. Age 28. Single. Salary open. Box 7 - 11.

MALE NURSE: Registered in California and Iowa. Experienced in operating room, genito-urinary, and antiluetic treatment; psychiatric nursing; industrial nursing; first aid. References. Box 7 - 12.

PHYSICAL THERAPY: Trained New York City. Two years' experience in physical therapy work. Desires position in physical therapy department of hospital, vicinity New York City. New York State registration. Box 7 - 13.

PRACTICAL INSTRUCTOR: Or supervisor of medical or surgical ward. Three years' teaching experience; three years in general duty. New England states preferred. Registered in New York and Texas. Minimum salary, $90 and full maintenance. Box 7 - 14.

RECEPTIONIST: Pennsylvania registration. Seeking position in hospital in Southwest. Experience in private duty and as floor supervisor. Also, excellent commercial experience. Protestant. Box 7 - 15.

SUPERVISOR: Graduate of 125-bed hospital. One year operating room supervisor and six years night supervisor. Registered in North Carolina. Prefers position there. Salary open. Box 7 - 16.

X-RAY AND LABORATORY TECHNICIAN: Registered nurse with own equipment. Also, filing and typing experience. Outline of training, experience, references, photograph sent on request. Box 7 - 17.

POSITIONS AVAILABLE

***ANESTHETIST:** California. Experienced anesthetist wanted for Catholic hospital. 150 beds, training school. Salary $125 and board. W72.

***ANESTHETIST:** Michigan. Willing to combine with record work or other duties. 80-bed general hospital approved by A.C.S. Salary $100 to $125 and maintenance. C602.

***ANESTHETIST:** Montana. For 85-bed Catholic hospital doing considerable major surgery. New Kinet-o-meter and Lundy machines. Salary open. W71.

***ANESTHETIST:** New York City. Hospital in New York City needs anesthetist. Salary $100 and maintenance. E174.

***DELIVERY ROOM:** New Jersey. Small private hospital. Five-and-a-half day week. Salary $85 and maintenance. E175.

***DIETITIAN:** Texas. Position open September 1st in 50-bed general hospital. Approved A.C.S.; accredited training school. Salary commensurate with experience. C604.

***GENERAL DUTY:** California. Night duty. Small, new and modern hospital in east central California. Must be able to accept responsibility in surgery and obstetrics. Salary $90, increase to $95. Meals included. W73.

***GENERAL DUTY:** California. Private hospital in coast town. Eight-hour duty. Salary $75 and maintenance, with increases to $90. W74.

***GENERAL DUTY:** California. Well-known 35-bed clinic hospital in Southern California coast town needs night duty nurse experienced in obstetrics. Good connection, delightful location. W75.

***GENERAL DUTY:** Illinois. Must have experience or postgraduate training in pediatrics. Night duty in small children's institution. Salary $75, maintenance. C606.

***GENERAL DUTY:** New York City. Eight-hour duty. Salary $85 and maintenance. E176.

***INSTRUCTOR:** Ohio. Theory. Also act as assistant to director. Degree or some college work necessary. 125-bed approved general hospital. 35 students. Salary $120 with maintenance. C608.

***INSTRUCTOR:** New England. Practical instructor. 225-bed hospital. Experience required. Salary $125 and maintenance. E177.

***INSTRUCTOR:** New York State. Science. B.S. degree and good experience specified. 350 beds. Salary, including maintenance, $125 or more. E178.

***INSTRUCTOR:** Pennsylvania. September appointment available for nursing arts instructor. 100-bed approved general hospital. Experience and some college work preferred. Salary according to experience. C609.

***OBSTETRICS:** Washington. 70-bed Catholic hospital. Department average of ten. Salary $70 and room and board. Opportunity for salary increases. W76.

OFFICE NURSE: Long Island, N. Y. Nurse with some knowledge of laboratory analysis for position in doctor's office. Any training in X-ray, metabolism, physiotherapy adds to desirability of applicant. Salary commensurate with ability. Sidney Frank, M.D., 28 No. 10th St., New Hyde Park, L. I., N. Y. Telephone applications not considered.

***PHYSIOTHERAPIST:** Arizona. Must be experienced in muscle training. Salary $100, maintenance. W77.

***SUPERINTENDENT:** Idaho. Capable of taking full charge of surgery, and some book work. Prefer young nurse. 20-bed private general hospital. Salary to start, $90, including maintenance. Excellent opportunity for advancement. C612.

***SUPERINTENDENT:** Texas. Small private hospital. All modern equipment. Experience as superintendent and training in anesthesia required. Salary open. C613.

***NURSE SUPERINTENDENT:** Vicinity New York City. 175-bed hospital with training school. B.S. degree and experience necessary. Salary $150 and maintenance. E179.

***NURSE SUPERINTENDENT:** Southern state. Teaching unit of class-A medical school. Postgraduate and affiliate students. College background and postgraduate training in pediatrics required. Very desirable appointment. C615.

***SOCIAL SERVICE:** Southern state. Southerner preferred for position as medical social worker. New department opening in 200-bed approved general hospital. Excellent opportunity for applicant with organization ability. Salary open. C611.

***SUPERVISOR:** Vicinity New York City. Obstetrical supervisor for large hospital. College degree required. Also, postgraduate obstetrics training and experience in teaching nursing arts. Salary $1620 yearly and maintenance. E182.

***SUPERVISOR:** New Jersey. Pediatric supervisor for 300-bed hospital. Postgraduate course in pediatrics and ward teaching experience essential. Salary $110 to $115, including maintenance. E180.

***SUPERVISOR:** New Jersey. Small private hospital. Take charge of operating and delivery rooms. Night duty. Protestant. Salary $95 and maintenance. E181.

***SUPERVISOR:** Pennsylvania. Surgical. Approved A.C.S. 650-bed general hospital. Graduate staff. Experience necessary. Salary open. C617.

***SUPERVISOR:** South Dakota. Night duty in 65-bed fully accredited general hospital. Eight-hour schedule. Applicant with postgraduate work and experience in small hospital preferred. Salary according to experience. C618.

***SUTURE NURSE:** California. Large hospital in San Joaquin Valley. Salary $115 and board. W78.

***X-RAY AND LABORATORY TECHNICIAN:** Oregon. For 60-bed general church hospital. Salary open. W79.

**Indicates position listed by a placement bureau*

The 8-hour day

[*Continued from page* 24]

the A. N. A. has made some important recommendations. Briefly, these include a *straight* eight-hour schedule and a six-day week for both private duty and staff nurses; a twenty-eight day vacation with pay for staff nurses employed a year or more; salaries for institutional nurses commensurate with those of other professional workers in the community and on a scale determined by the type of position and length of the nurse's service.

In recommending a straight eight-hour schedule for private duty nurses, the A. N. A. gives these arguments against broken periods of service: The working day of the nurse is too long and this system produces undue fatigue. Desirable facilities are not provided for physical and mental rest and for recreation during the intervening hours when the nurse is not on duty. The cost of transportation necessary for traveling to the patient twice in one day results, in some instances, in a financial hardship to the nurse. Twice as much time is required for travel. There is an unnecessary expenditure of energy for changing from uniform to street clothes and added expense for laundering of uniforms."

The public and the medical profession must, I am sure, realize the value of eight-hour nursing. If they are not yet ready to lend unqualified support, it is because we have failed to present our case adequately. With the facts that are available, however, every nurse can readily promote the eight-hour day among the people with whom she has contact. It is only in this manner that progress will be made.

Slim lines

[*Continued from page* 27]

The finished garment conforms to the natural lines of the figure as it should be.

There are dozens of fabrics to choose from when selecting a "cut-to-fit" foundation. The corsetiere who calls at your home to take your measurements will display samples and colors.

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EDITOR'S NOTE: Names of retailers of the garments described will be furnished on request.

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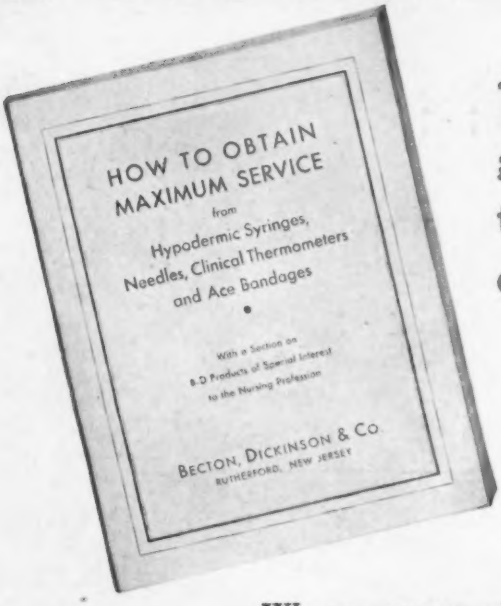
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